

3. AFCARS Foster Care Element #41:

PLACEMENT SETTING (CURRENT)

- A) The AFCARS codes 1-8 below will not be included within SWSS for the worker to input. FIA Living Arrangement codes will continue to be used. FIA codes will need to be converted to AFCARS before they are reported. (See above conversion)
- B) If the Type of Placement Setting, Element 41, changes but the child remains in the same home, this change would not be counted in Element #24, i.e., if the youth is in a foster home and it then becomes a pre-adoptive home the worker would change the Living Arrangement code but this would not count as another placement during the episode. (See #2-D above)
- C) If the youth was discharged during the reporting period the "most recent" Placement Setting is to be reported.
- D) This is a core data element for reporting.
- E) Definition for this element is:

Def: Identify the type of setting in which the child currently lives.

- 1 Pre-Adoptive Home-A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child.
- 2 Foster Family Home (Relative)-A licensed or unlicensed home of the child's relatives regarded by the State as a foster care living arrangement for the child.
- 3 Foster Family Home (Non-Relative)-A licensed foster family home regarded by the State as a foster care living arrangement.
- 4 Group Home-A licensed or approved home providing 24-hour care for children in a small group setting that generally has from seven to twelve children.
- 5 Institution-A child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include: Child care institutions; residential treatment facilities; maternity home; etc.
- 6 Supervised Independent Living-An alternative traditional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides the opportunity for increased responsibility for self care.
- 7 Runaway-The child has run away from the foster care setting.
- 8 Trial Home Visit-The child has been in a foster care placement but, under State agency supervision, has been returned to the principal caretaker for a limited and specified period of time.

Edit: If Current Placement Setting, Element #41 is a value that indicates that the child is not in a foster family or pre-adoptive home, then elements 49-55{Foster parent information} must be zero (0).

4. AFCARS Foster Care Element # 42:

PLACEMENT (OUT OF STATE)

- A) Only the State with the placement and care responsibility for the youth should include the child in the AFCARS reporting system. Therefore,

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Michigan will not report on any Inter-State cases that have come from other States where we are providing courtesy supervision.

- B) If the Living Arrangement is 22-27 the State will report this to AFCARS as a 1-Yes. Michigan's Living Arrangement codes will need to be converted when reporting this element.
- C) This is a Core, (Special Case) element. {Whatever that means.}
- D) The definition for this Element is:

Def: The type of setting in which the child currently lives is located in another State.

Allowable Values are:

- 1 Yes-The current placement setting is located outside of the State making the report.
- 2 No-The child continues to reside within the State making the report.

Edit: There are no AFCARS edits for this Element.

- 5. When a child is placed with a Foster care provider who is loaded onto SWSS AFCAR Elements 49-55 are already associated with them for reporting purposes. If the child is placed in an Unlicensed Foster Care provider or a Michigan relative that is not paid through Manual Payments these data elements will need to be captured with each child on the placement screen. If a child is placed in "Own Home" Living Arrangement 01, then AFCARS are not reported.

See screen # 2 above for a mock-up of the screen. Below are the Conditions, definitions and edits for these Elements.

AFCARS Foster Care Element #49:

FOSTER FAMILY STRUCTURE

- A) The Foster Family Structure should be reported as to the structure of the home at the end of the reporting period, not when the youth is placed in the home.
- B) This is not a core data element for reporting purposes.
- C) Definition for this Element is:

Def: Select from the four alternatives--married couple, unmarried couple, single female, single male--the category which best describes the nature of the foster parents with whom the child is living in the current foster care episode.

- 0 Not Applicable
- 1 Married Couple
- 2 Unmarried Couple
- 3 Single Female
- 4 Single Male

Edits: If Current Placement Setting, element 41, is a value that indicates that the child is not in a foster family or pre-adoptive home, then elements 49-55 must be zero (0).

AFCARS Foster Care Elements #50 and #51:

YEAR OF BIRTH (1ST FOSTER CARETAKER) (2ND FOSTER CARETAKER)

- A) If the Family Structure, Element #49 is a Married Couple or an Unmarried Couple or Single Female, then the first caretaker should be the

mother. If the Family Structure is Single Male the first caretaker should be the father.

- B) If this data field is blank for reporting this means that the youth is not in a family foster care setting. (AFCARS #41) Or there is no information for this element.
- C) If AFCARS Element #51 is blank either one of the above mentioned conditions is true or the Foster Family Structure is one caretaker.
- D) This is not a core data element for AFCARS reporting purposes.
- E) Definition for these Elements are:

Def: Year that the first(second) foster caretaker was born. If the exact year of birth is unknown, enter an estimated year of birth.

Edit: If Current Placement Setting, Element #41, is a value that indicates that the child is not in a foster family or pre-adoptive home, then Elements 49-55 must be zero (0).

AFCARS Foster Care Elements #52 and 54:

RACE (1ST FOSTER CARETAKER) (2ND FOSTER CARETAKER)

- A) Use the ASSIST race codes for this element.
- B) If the Family Structure, Element #49 is a Married Couple or an Unmarried Couple or Single Female, then the first caretaker should be the mother. If the Family Structure is Single Male the first caretaker should be the father.
- C) If this data field is blank for reporting this means that the youth is not in a family foster care setting. (AFCARS #41) Or there is no information for this element.
- D) If AFCARS Element #54 is blank either one of the above mentioned conditions is true or the Foster Family Structure is one caretaker.
- E) This is not a core data element for AFCARS reporting purposes.
- F) Definition for these Elements are:

Def: In general, a person's race is determined by how others define them or by how they define themselves.

0 Not Applicable

1 White-A person of European, North African, or Middle Eastern origin.

2 Black-A person whose ancestry is any of the black racial groups of Africa.

3 American Indian/Alaskan Native-A person whose ancestry is North American, and who maintains tribal affiliation or is so recognized in the community.

4 Asian/Pacific Islander-A person whose origin is the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific islands. This includes for example, China, India, Japan, Korea the Phillippine Islands, Samoa and Vietnam.

5 Unable to Determine-The specific race category is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child's race. {This does not appear to be appropriate in this Element.}

Edits: If Current Placement Setting, Element #41, is a value that indicates that the child is not in a foster family or pre-adoptive home, then Elements 49-55 must be zero (0).

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AFCARS Foster Care Elements #53 and #55:

HISPANIC ORIGIN(1ST FOSTER CARETAKER) (2ND FOSTER CARETAKER)

- A) Hispanic Origin is not a race according to AFCARS, it is an ethnicity, and must be distinguished as such. Therefore, ASSIST race codes can not be converted to this Element.
- B) If the Family Structure, Element #49 is a Married Couple or an Unmarried Couple or Single Female, then the first caretaker should be the mother. If the Family Structure is Single Male the first caretaker should be the father.
- C) If this data field is blank for reporting this means that the youth is not in a family foster care setting. (AFCARS #41) Or there is no information for this element.
- D) If AFCARS Element #55 is blank either one of the above mentioned conditions is true or the Foster Family Structure is one caretaker.
- E) This is not a core data element for AFCARS reporting purposes.
- F) Definition for these Elements are:

Def: Answer yes, "Y" if the first(second) caretaker is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic is determined by how others define them or how they define themselves.

- 0 Not Applicable
- 1 Yes
- 2 No
- 3 Unable to Determine

Edits: If Current Placement Setting, Element #41, is a value that indicates that the child is not in a foster family or pre-adoptive home, then Elements 49-55 must be zero (0).

AFCARS Element # 61:

TITLE IV-A(AID TO FAMILIES WITH DEPENDENT CHILDREN-SOURCE(S) OF FEDERAL SUPPORT

- A) If a youth is placed with an Unlicensed Relative a pop-up box should appear that asks the worker: "Are the Relatives receiving FIP on behalf of the youth placed with them? Y/N"
- B) FIP-Family Independence Program is the Title IV-A block grant funding that the state is receiving instead of AFDC.
- C) A Relative who is licensed cannot receive both Title IV-E and Title IV-A funding. Therefore, if a relative is licensed and receiving foster care payments they can not also receive FIP.
- B) This is not a Core data element.
- C) The definition for this element is:

Def: Child is living with relative(s) whose source of support is an AFDC payment for the child.

Allowable Values are:

- 1=Applies
- 2=Does not apply

Edits: At least one element between elements 59-65 must be answered by selecting a "1". Enter a zero for sources that do not apply.

CHILDREN'S SWSS
ELEMENT DESCRIPTION FORM
(Attachment to REQUIREMENTS FORM)

Assigned Policy ANALYST:	Carol Kraklan
DATE Received by BuIS:	
Requirement # (from BuIS)	

TOPIC:

Delinquency Placement Data Tables

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	ON CIS/PSMIS/ AFCARS?
Living Arrangement	01-Own Home	Numeric	2	Required	CIS
	02-Relatives				
	03-Legal Guardian				
	04-Adoptive Home				
	05-FLA Foster Home				
	06-Foster Home-Private Agency				Will be deleted from CIS
	07-Independent Living				
	08-Group Home				Will be deleted from CIS
	09-Public Shelter Home/Facility				
	10-Residential Care Centers-FLA				
	11-Detention				
	12-Jail				
	13-Child Caring Institutions				
	14-FLA Training School				
	15-Nokomis Challenge				
	16-Mental Health Facility				
	17-Court Treatment Facility				
	18-Out of State Placement				Will be deleted from CIS
	19-Boarding School/Runaway				

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	Service Facility				
	20-AWOL				
	21-Arbor Heights				
	22-Out of State Placement-Parent				Not on CIS yet
	23-Out of State Placement- Relative				Not on CIS yet
	24-Out of State Placement-Foster Home				Not on CIS yet
	25-Out of State Placement-Child Placing Agency				Not on CIS yet
	26-Out of State placement- Institution				Not on CIS yet
	27-Out of State Licensed Relative				Not on CIS yet
Funding Source	1-Own Family/Adoptive family	Numeric	1	Required	CIS
	2-ADC-F				
	3-County Child Care Fund				
	4-State Ward Board & Care or State Facility Appropriation				
	5-Temporary Foster Care				
	6-Self-Supporting				
	7-SSI				Not on CIS yet
Family Structure	0-Not Applicable	Numeric	1	Conditional	AFCARS
	1-Married Couple				
	2-Unmarried Couple				
	3-Single Female				
	4-Single Male				
Race	Use ASSIST Codes			Required	CIS/ASSIST
County	County Codes	Numeric	2	Required	

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SERVICES MANUAL
CHILDREN AND YOUTH

MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF DELINQUENCY SERVICES
INFORMATION SYSTEM
ODSIS

AGENCY PROVIDER NUMBERS, SECURITY LEVELS AND DESTINATIONS CODES
SORTED BY SECURITY LEVEL, ALPHABETICALLY

This listing is effective 04/01/96 and replaces all previous editions.

PROVIDER NUMBER	PROVIDER NAME	ODSIS ABBREVIATION CODE	SECURITY LEVEL	DEST. CODE ODSIS	DEST. CODE CIS
25137	ALTERNATIVES FOR CHILD/FAMILIES	ALTERNAT	1	22	1
91021	BOYSVILLE FAMILIES FIRST (R-E)	BOYFAMFIRST	1	22	1
89065	BOYSVILLE SPEC. FOSTER CARE (R-E)	BOYFOSTER	1	6	6
89001	BOYSVILLE SUP. INDEP. LIVING (R-E)	BOYINDLV	1	7	7
82718	CHILDREN'S METHODIST GROUP HOME	CHLDMETHGP	1	8	8
25151	CORCORAN HOUSE DAY TREATMENT	CORCORAN	1	22	1
40603	DIVERSIFIED DAY TREATMENT	DIVERSDAY	1	22	1
94356	DIVERSIFIED IN-HOME AND JJDRA	DIVERHOME	1	22	1
98935	DON BOSCO INDEPENDENT LIVING	DONBOSIL	1	7	7
82844	ENNIS CENTER FOR CHILDREN	ENNIS	1	6	6
82852	FEDERATION SIL	FEDSIL	1	7	7
77441	FOSTER HOME (FIA)	FOSTER CARE	1	5	5
828081	GIRLSTOWN SIL	GIRLSIL	1	7	7
99888	HOME	HOME	1	1	1
63006	JUDSON EAGLE	JUDSONEGL	1	22	1
28111	SIL HURON (HHS)	SILHUR	1	7	7
828451	SPECTRUM ISP/SIL	SPECISPSIL	1	7	7
82845	SPECTRUM IN-HOME AND JJDRA	SPECHOME	1	22	1
82871	STARR FAMILY GRP HOME/IN-HOME & JJDRA	STARRINHOME	1	22	1
828711	STARR INDEPENDENT LIVING (APT.)	STARRINDLV	1	7	7
82871	STARR SPEC. FOSTER CARE	STARRSPFC	1	6	6
63410	VESTA PROGRAM-SPECTRUM	VESTA	1	22	1
29111	VISTA FC	FISTFC	1	6	6
87123	VOYAGE (Vista Day Treatment)	VOYAGER	1	22	1
99678	WESTERN WAYNE DAY TREATMENT (FIA)	WESTWAY	1	22	1
411411	WEDGWOOD SIL	WEDGSIL	1	7	7
82865	WOLVERINE IL/FC/MENTOR	WOLVERFC	1	22	1
28222	YOUTH LIVING CENTERS SIL	YLCSIL	1	7	7
39105	ACADEMY HALL (FIA)	ACADHALL	2	10	10
82839	ANDRE HOUSE (BOYSVILLE)	ANDRHOUSE	2	13	13
81170	ARBOR HEIGHTS (FIA)	ARBHEIGHTS	2	21	21
970002	AURORA HOSPITAL	AURORAL	2	16	16
82034	BARAT HOUSE	BARHOUSE	2	13	13
82815	BEECHWOOD HOUSE (SPECTRUM)	BEECHHOUS	2	13	13
41009	BETHANY CHRISTIAN HOME	BETHANY	2	13	13
82898	BOWMAN HOUSE (BOYSVILLE)-SHELTER	BOWHOUSE	2	13	13

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82823	BOYS HOPE	BOYSHOPE	2	13	13
630052	BOYS REPUBLIC	BOYSREP	2	13	13
82850	BRENT CENTER (WOLVERINE)	BRENT	2	23	9
82827	CABRINI CENTER (BOYSVILLE)	CABCENT	2	13	13
265432	CARLYSLE (DMH)	DARLYSL	2	13	13
81187	CARPENTER RD. HOUSE (HURON)	CARPHSE	2	13	13
82734	CHERRY HILL HOUSE	CHEHILHS	2	13	13
82695	CHILDREN'S CTR GRP HOME	CHCENGRPHM	2	8	8
820252	CHILDREN'S HOME DETROIT	CHHMDT	2	13	13
82069	CHRIST CHILD HOUSE	CHRCHLD	2	13	13
82818	COGSWELL RESIDENCE (SPECTRUM)	COGRES	2	13	13
82689	COUNTERPOINTE	COUNTERPT	2	23	9
82832	COWAN HOME MIDWEST DEV.	COWANHOME	2	13	13
73013	CURTIS HOUSE (BOYSVILLE)	CURTIS	2	13	13
81183	DEAKE HOUSE (HURON)	DEAKEHSE	2	13	13
82500	DON BOSCO HALL	DONBOSCO	2	13	13
82017	EDWIN DENBY MEM. HOME (SHELTER)	DENBY	2	23	9
82842	EDWIN DENBY MEMORIAL RESID.	DENBYRES	2	23	9
25146	FLINT HOUSE RCC (RIA)	FLINTHSE	2	10	10
38002	FLORENCE CRITTENTON	CRITTEN	2	13	13
82828	GIRLSTOWN FOUNDATION	GIRSLFOUND	2	13	13
82157	GIRLSTOWN LOCH RIO	GIRLLORIO	2	13	13
299992	GLEN MILLS	GLENMILL	2	18	18
81184	GRANGER HOUSE (HURON)	GRANGERHS	2	13	13
82860	HANFORD RES. (HURON)	HANFORD	2	13	13
695432	HAWTHORNE (DMH)	HAWTH	2	16	16
73065	HOLLAND HOUSE (BOYSVILLE)	HOLLAND	2	13	13
04012	HOPE HOUSE (BOYSVILLE)	HOPEHSE	2	8	8
82788	HOPE MANOR (RADIANT LIVING)	HOPEMANOR	2	13	13
82572	ISABELLE HOUSE (FNSWC)	ISABHSE	2	13	13
82904	JOHNSON HOUSE (BOYSVILLE)	JOHNSON	2	26	11
82813	KERRY HOUSE	KERRYHSE	2	13	13
82713	LANG HOUSE	LANGHSE	2	13	13
82771	MABEN RESIDENCE	MABENRES	2	13	13
300202	MANOR FOUNDATION	MANORFOUN	2	13	13
63046	MARILLAC HALL	MARILLAC	2	13	13
82714	MARLOWE HOUSE (LUTHERAN (C&FS)	MARLHSE	2	13	13
50144	MARTIN LUTHER KING HOUSE (BOYSVILLE)	MLKHOUSE	2	13	13
82717	METHODIST CHILDREN'S HOME	METHCHOME	2	13	13
28333	MICHIGAN HOUSE (HHS)	MICHHOUSE	2	8	8
82793	MICKELS HOUSE (DIVERSIFIED)	MICKELS	2	8	8
28016	MURCHIE HOUSE (CHILD & FAMILY)	MURCHIE	2	8	8

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PROVIDER NUMBER	PROVIDER NAME	ODSIS ABBREVIATION CODE	SECURITY LEVEL	DEST. CODE ODSIS	DEST. CODE CIS
91117	MUSKEGON CHILDREN'S HOME	MUSKCHOME	2	13	13
720072	NOKOMIS CHALLENGE-PAR (FIA)	NOKOMISPAR	2	15	15
82720	NORTHWEST OPEN (FIA-DETENTION)	NDYRCOPEN	2	26	11
82836	OFF THE STREETS	OFSTREET	2	23	9
82835	OTS - VIRGINIA PARK	OTSVP	2	13	13
82576	OUR LADY OF PROVIDENCE SC	LADYPROV	2	13	13
39104	PARK PLACE RCC (FIA)	PARKRCC	2	10	10
10939	PARMENTER HOUSE RCC (FIA)	PARMRCC	2	10	10
82122	PENRICHTON CENTER FOR BLIND	PENRICH	2	28	13
33140	PINE LODGE RCC (FIA)	PINERCC	2	10	10
91112	PINEREST	PINEREST	2	13	13
67001	PINEVIEW	PINEVIEW	2	13	13
102822	PIONEER WORK & LEARN-PAR (WOLV)	PIONEERWL	2	27	13
63372	RADIANT LIVING	RADIANTLV	2	13	13
82790	REA HOME (FED. GIRLS HOMES)	REAHOME	2	13	13
34020	RIVERVIEW RES. TREAT CENTER	RIVRESCEN	2	13	13
82712	ROMULUS HOUSE	ROMULUS	2	13	13
82834	ROSE F. KENNEDY	ROSEKEN	2	13	13
41159	SHILOH FAMILY (PROJECT REHAB)	SHILOFAM	2	13	13
52032	SHILOH HOUSE (PROJECT REHAB)	SHILOHSE	2	13	13
82657	SPRUCE HOUSE - FNSWC	SPRUCEHSE	2	13	13
82796	ST. CECILIA HOUSE (BOYSVILLE)	STCECILHSE	2	13	13
82807	ST. FRANCIS HOME DIAGNOSTIC	STFRANDIA	2	13	13
41154	ST. JOHN'S	STJOHN	2	13	13
82837	ST. JUDE'S HOME (WOLVERINE)	STJUDES	2	13	13
82088	ST. PETER'S HOME	STPETER	2	13	13
82802	STANFIELD HOUSE (DIVERSIFIED)	STANFIELD	2	13	13
91111	SUNBURST FAM. GRP. HOMES	SUNBURST	2	13	13
44013	TEEN RANCH	TEENRAN	2	13	13
82208	TODD PHILLIPS HOME	TODDPHIL	2	13	13
81171	VAUGHN HOUSE (HURON)	VAUGHNS	2	13	13
828612	VICTOR CENTER TREATMENT (WOLVER)	VICTORT	2	13	13
81715	VIP VISTA INTERIM PLACEMENT	VISTVIP	2	23	9
41146	WEDGWOOD ACRES GRP HOMES (41146, 41147, 41148, 41149)	WEDGGRP	2	8	8
82735	WESTLAND HOUSE (SPECTRUM)	WESTHSE	2	13	13
82022	WILLIAM BOOTH MEM. HOME	BOOTHMEM	2	13	13
82290	WILLIAMS HOUSE (FED. GIRLS HOMES)	WILLMSHSE	2	13	13
82783	WHITTEN HOUSE (DIVERSIFIED)	WHITTEN	2	8	8
82850	WOLVERINE CENTER (SHELTER)	WOLVSHELTR	2	23	9
82697	XAVIER CENTER (BOYSVILLE)	XAVIER	2	13	13
81178	YOST HOUSE (HURON)	YOST	2	13	13

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82766	YOUTH LIVING CENTER	YOUTHLIV	2	13	13
46013	ADRIAN TRAINING SCHOOL (FIA)	ADTRNSCH	3	14	14
970003	AURORA HOSPITAL	AURORA	3	16	16
210183	BAY PINES TRAINING SCHOOL (FIA)	BAYTRAINM	3	14	14
631153	BOYS REPUBLIC - GIRLS	BOYGIRL	3	13	13
630053	BOYS REPUBLIC - BOYS	BOYREPBOY	3	13	13
46034	BOYSVILLE OF MICHIGAN - CLINTON	BOYSCLINT	3	13	13
33059	CAMP HIGHFIELDS	CAMPHIGH	3	13	13
63027	CAMP OAKLAND	CAMPOAK	3	13	13
265433	CARLYSLE	CARLYS	3	16	16
820263	CHILDREN'S HOME OF DETROIT	CHILDHOME	3	13	13
990013	CLARINDA ACADEMY (IOWA)	CLARINDA	3	18	18
670023	EAGLE BOYS VILLAGE	EAGLEVILL	3	13	13
251353	GENESEE VALLEY TRAIN. SCH. (FIA)	GENESEESCH	3	14	14
299993	GLEN MILLS (PA)		3	18	18
695433	HAWTHORNE (DMH)	HAWTHR	3	16	16
470233	HURON CENTER - MAXEY (FIA)	HURON	3	14	14
39029	LAKESIDE	LAKESIDE	3	13	13
300203	MANOR FOUNDATION	MANOR	3	13	13
46026	MAURICE SPEAR	MAURSPEAR	3	13	13
58045	MOREAU CENTER OF BOYSVILLE	BOYSMOR	3	13	13
720073	NOKOMIS CHALLENGE - CIC (FIA)	NOKOMISCIC	3	15	15
47019	OLYMPIC CENTER - MAXEY (FIA)	MAXOLYMP	3	14	14
102823	PIONEER WORK & LEARN-CIC (WOLVER)	PIONEERCIC	3	27	13
47021	SEQUOYAH CENTER - MAXEY (FIA)	MAXSEQ	3	14	14
200053	SHAWONO TRAINING SCHOOL (FIA)	SHAWCENTM	3	14	14
88004	ST. ANTHONY VILLA BOYSVILLE OHIO	BOYSANTH	3	13	13
73083	ST. VINCENTS OF SAGINAW (BOYSVILLE)	BOYSVINC	3	13	13
13001	STARR COMMONWEALTH ALBION	STARRALB	3	13	13
88001	STARR COMMON. SCHOOL OHIO	STARROHIO	3	13	13
47020	SUMMIT CENTER - MAXEY (FIA)	MAXSUM	3	14	14
82724	VITA III - VISTA MARIA	VISTA	3	13	13
827243	VITA 1 VISTA MARIA INT. TRT.	VITA1	3	13	13
411053	WEDGWOOD ACRES	WEDG	3	13	13
460314	ADRIAN TRAINING SCHOOL	ADRIAN	4	14	14
970004	AURORA HOSPITAL	AURORAHOS	4	16	16
210184	BAY PINES TRAINING SCHOOL (FIA)	BAYTRAINH	4	14	14
218184	BAY PINES DETENTION (FIA)	BAYDETEN	4	26	11
82872	BURTON CENTER (FIA DETENTION)	BURTON	4	26	11
63306	CHILDREN'S VILLAGE	CHILDVILLG	4	9	9
990014	CLARINDA (IOWA)	CLARINDAH	4	18	18
695434	HAWTHORNE (DMH)	HAWTHR	4	16	16

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CHILDREN AND YOUTH

PROGRAM	DELINQUENCY SERVICES	DATE	Effective: 1/1/97
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PROVIDER NUMBER	PROVIDER NAME	ODSIS ABBREVIATION CODE	SECURITY LEVEL	DEST. CODE ODSIS	DEST. CODE CIS
39999	HIGHPOINT (COLORADO)	HIGHPOINT	4	18	18
470234	HURON CENTER (FIA)	HURON	4	14	14
251354	GENESEE VALLEY DETENTION	GVRCDT	4	26	11
47022	GREEN OAK CENTER - MAXEY (FIA)	MAXGOC	4	14	14
82719	NORTHWEST SECURE (FIA)	NDYRCSEC	4	26	11
82840	ST. THOMAS DETENTION	STTHOMAS	4	26	11
200054	SHAWONO CENTER (FIA)	SHAWONOH	4	14	14
200054	SHAWONO DETENTION (FIA)	SHAWONOD	4	26	11
828614	VICTOR CENTER (DETENTION)	VICTORDET	4	26	11
82724	VITA I VISTA MARIA INT. TRT.	VITA	4	13	13
82705	WAYNE COUNTY YOUTH HOME	WCYH	4	30	9
411054	WEDGWOOD ACRES (SECURE)	WEDGWOOD	4	13	13
66666	DEPARTMENT OF CORRECTIONS	DOC	5	25	
30303	SPECIAL MEDICAL	SPECMED	5	16	
99999	ESCAPE	ESCAPE	5	20	
33333	COMMITMENT SET ASIDE	SETASIDE	7	28	

SHADED AREA FOR ODSIS USE ONLY

KEY

CODE	LIVING ARRANGEMENT	CODE	LIVING ARRANGEMENT
01	PARENTS' HOME	16	MENTAL HEALTH FACILITY
02	RELATIVE'S HOME	17	COURT TREATMENT FACILITY
03	LEGAL GUARDIAN	18	OUT-OF-STATE FACILITY
04	ADOPTIVE HOME	19	BOARDING SCHOOL/HOSP/LTC FACILITY
05	FIA FOSTER HOME	20	ESCAPE
06	PRIVATE AGENCY/FOSTER HOME	21	ARBOR HEIGHTS
07	INDEPENDENT LIVING	22	HOME-BASED CARE/DAY TREATMENT
08	FIA GROUP HOME	23	NON-SECURE SHELTER
09	SHELTER HOME/FACILITY	24	ARMED SERVICES
10	RESIDENTIAL CARE CENTER (FIA)	25	DEPARTMENT OF CORRECTIONS
11	DETENTION	26	RECEPTION/ASSESSMENT CENTER
12	JAIL	27	NON-FIA CAMP
13	PRIVATE CHILD CARING INSTITUTION	28	OTHER
14	FIA TRAINING SCHOOL	29	UNKNOWN
15	NOKOMIS CHALLENGE	30	COUNTY YOUTH HOME
		31	HUDRA (Not Day Treatment)

SHADED AREA FOR ODSIS USE ONLY

SECURITY LEVELS

CODE	SECURITY LEVEL
1	COMMUNITY-BASED
2	LOW
3	MEDIUM
4	HIGH
5	NOT APPLICABLE

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STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY		ITEM 814.1	PAGE 24
PROGRAM DELINQUENCY SERVICES		DATE Effective: 1/1/97	
SERVICES MANUAL CHILDREN AND YOUTH			

RESIDENTIAL TREATMENT AGENCIES
PHYSICAL CHARACTERISTICS AND CAPABILITIES

PHYSICAL CAPABILITY	AGENCY SECURITY LEVEL		
	LOW	MEDIUM	HIGH
HOUSING SECURITY	<input checked="" type="checkbox"/> DORM/MULTIPLE BEDROOM <input checked="" type="checkbox"/> UNLOCKED	<input checked="" type="checkbox"/> MULTIPLE BEDROOM <input checked="" type="checkbox"/> LOCKED	<input checked="" type="checkbox"/> SINGLE BEDROOM <input checked="" type="checkbox"/> EXTERNAL LOCK <input checked="" type="checkbox"/> TOILETS/LAV
PERIMETER SECURITY	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> DOORS MONITORED <input checked="" type="checkbox"/> CAPABILITY TO LOCK	<input checked="" type="checkbox"/> FENCE AND/OR TWO LOCKED DOORS
INTERNAL SECURITY	<input checked="" type="checkbox"/> UNSUPERVISED COMMUNITY ACCESS	<input checked="" type="checkbox"/> DIRECT SUPERVISION	<input checked="" type="checkbox"/> CONTINUOUS SUPERVISION


October 27, 1999

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London

Date: February 28, 1997

From:  Mary Ann Jensen

Subject: AFCARS Questions of 2/14/97

Attached are our responses to the questions raised in your February 14th memo concerning definitions of "placement setting". Also, included are responses to various E-mails and other questions and issues that have been identified.

cc: Jim Beougher
Bryan Stewart
Julie Tubbs-Lott
Carol Kraklan
Carolyn Snyder

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"We Strengthen Individuals and Families Through Mutual Respect and Mutual Responsibility."

AFCARS Element # 41 Current Placement Setting

The following AFCARS codes are matched to the CSMIS codes. Below are the CSMIS codes and definitions listed. The CSMIS living arrangement codes for child care institution and public shelter need to have a table associated with them that shows the CA # and the number of beds the facility is licensed for. This determines which AFCARS placement code matches with which CSMIS living arrangement. This is needed because AFCARS definitions are determined by size.

CSMIS group home code (8) is really a foster home licensed for 5 or 6 children, the only group homes using that code on CSMIS are the CRC group homes and those are being phased out. As the other living arrangement codes are updated on CSMIS this code should be deleted and workers instructed to code those CRC group homes as family foster homes. This is how SWSS should proceed.

The other living arrangement code changes that are being worked on for CSMIS are codes 6, 18, 19 and 22-27. They are identified below with quotes. SWSS should develop requirements with these changes.

In Michigan there are no "trial home visits", all placements at home are open ended. Julie has explained to the Fed's that a home placement is an "aftercare" situation. This is the same-aftercare=trial home visit. For AFCARS reporting, if a child is placed in their own home, and stays there, they should be reported to AFCARS for 6 months and then reported as discharged from foster care. If they are removed from home again, (a court order is needed), then this will "open" a new case and start a new episode for AFCARS reporting. But, for state reporting the child will stay open on the system with an own home living arrangement as long as the court requires FIA case supervision. If they move to another living arrangement that will start ("open") a new AFCARS record.

AFCARS

- 1 Pre-Adoptive Home
- 2 Foster Family Home (Relative)
- 3 Foster Family Home (Non-relative)
- 4 Group home (staffed facility)
- 5 Institution (staffed facility)
- 6 Supervised Independent Living
- 7 Runaway
- 8 Trial Home Visit

CSMIS codes

- 4
- 2, 23, 27
- 5, 6, 8, 9 (with FH #, 1-6 beds), 24, 25
- 9 (with CA #, 7-12 beds), 13 (7-12 beds)
- 9 (13 or more beds), 10-12, 13 (13 or more beds), 14-19, 21, 26
- 7
- 20
- 1, 3, 22

CSMIS Codes

- 1 own home parents
- 2 relatives
- 3 legal guardian
- 4 adoptive home
- 5 foster home DSS
- "6" foster home P A -code will be deleted
- 7 independent living
- "8" group home-code will be deleted
- 9 public shelter home/facility
- 10 residential care center (DSS)
- 11 detention
- 12 jail
- 13 private child care institution

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"We Strengthen Individuals and Families Through Mutual Respect and Mutual Responsibility."

- 14 100 training school
- 15 Nokomis challenge
- 16 mental health facility
- 17 court treatment facility
- "18" out of state-code will be deleted
- 19 "other"-boarding school, runaway services facility, "adult foster care home"
- 20 AWOL
- 21 Arbor Heights
- 22 "out of state parents"-new codes
- 23 "out of state relative"-new codes
- 24 "out of state foster home"-new codes
- 25 "out of state child placing agency"-new codes
- 26 "out of state child care institution"-new codes
- 27 "out of state licensed relative"-new codes

The state can footnote any reporting to the Fed's where they need to explain any information. For example, if there were a substantial population in training schools, a footnote should be included in the transmission that, "x" % of the children in placement code institution are in training schools.

AFCARS Element #61-Sources of Federal Support-Title IV-A

On the placement screen, if a child is living with a relative, then the question needs to be asked if the relative is receiving AFDC on behalf of this child. No, you don't need to know how much.

AFCARS Elements #44-46-Caretaker family structure and birth year of 1st and 2nd caretaker

This info should come from PS. The caretakers will be identified in PS. If the case doesn't come from PS, then the question needs to be asked of each person identified in parent info "screen" and/or relatives other persons "screen" that, "At time of removal was this person the 1st principal caretaker of this child? And if so, what is family structure?" If they weren't, then are they the 2nd principal caretaker?" Only ask the family structure of the 1st principal caretaker. Once the two caretakers have been identified, the question does not have to be asked anymore.

Foster Care must ask about the family structure for AFCARS. The info should be able to be propagated to the cases of other sib's in care.

AFCARS Elements #18 date of first removal from home, #19 total number of removals, #20 discharge date from last episode, #21 date of latest removal, # 24 # of previous settings in episode and #56 date of discharge from foster care.

These elements are to be looked at in the same way the law is written for eligibility and as Chapin Hall and other research has looked at them. You are measuring when the child came to the Title IV-B/E agency for care and supervision and for how long, how many times the child has been removed from his/her home, and how many moves the child makes and how long the child stays in each placement. See the diagram.

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SWSS Project
User Requirements
Placement Module

October 27, 1999

119702	
PROJECT TITLE: New Living Arrangement and Funding Source codes on CIS	
REQUESTOR: Julie Tubbs/Lott	PHONE: 3-8376 DEPARTMENT: OCS
SCN: Mary Jenkins	PHONE: 5-3631 CHARGE TO ACC. NO:
DATE REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES DATE REQUIRED: 4-1-97	
REASON FOR REQUIRED DATE: To allow accurate reporting of wards living arrangement and funding source for AFCARS.	
REQUESTOR APPROVALS: <i>[Signature]</i>	
DESCRIPTION OF NEED OR PROBLEM: Add the following living arrangements to those allowed for service programs 2 and 4. 22 - Out of state parent 23 - Out of state relative 24 - Out of state foster home 25 - Out of state child placing agency 26 - Out of state child caring institution Add an edit "Living arrangement 18 not allowed" to implemented with the new living arrangement codes. Add funding source 7 = SSI to those allowed for service programs 2 and 4. Reporting needs and error message details will be provided later in an addendum. 27 Out of State Licensed relatives	
TANGIBLE & INTANGIBLE BENEFITS: Both of these data elements have been needed for some time.	
COST DATA: ESTIMATED COST OF PERFORMING FUNCTION WITHOUT EDP SUPPORT (PER YEAR) \$ _____ PERCENT COST SAVINGS IF EDP SYSTEM IS AVAILABLE _____ % NUMBER OF PERSONNEL REDUCTION POSSIBLE _____	
OTHER PERTINENT COST DATA:	
COMPLETED BY EDP: TYPE OF PROJECT: <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR APPLICABLE SOM DOCUMENTS: <input type="checkbox"/> SRD <input type="checkbox"/> SOO <input type="checkbox"/> SES <input type="checkbox"/> SIS <input type="checkbox"/> TEST <input type="checkbox"/> PD <input type="checkbox"/> UG/IG <input type="checkbox"/> PIR <input type="checkbox"/> ABBREVIATED <input type="checkbox"/> ENHANCEMENT <input type="checkbox"/> MAINTENANCE	
RETURNED TO USER REASON: _____	
ASSIGNED FOR ACTION TO: _____ RESPOND BY DATE: _____	

AmiPro Format (8-94)

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SWSS Project
User Requirements
Placement Module

October 27, 1999

ESTOR:	Julie Tubbs/Lott Susan Tomes	PHONE:	3-8376 3-3538	DEPARTMENT:	OCS ODS
BY:	Mary Jenkins	PHONE:	5-3631	CHARGE TO ACC. NO:	

☐ NO ☒ YES DATE REQUIRED: 4-1-97

REQUESTOR APPROVALS: *[Signature]*

IN P. REQUIRED DATE:

se data are required for AFCARS reporting

ION OF NEED OR PROBLEM

e. FSPN and FSCC transactions and screens to allow the entry of a second provider ID (9 digits), a supervising indicator (1 digit), a security level (2 digits), security override factor value (2 digits) and security override for (1 digit). SCL screen will need to be modified to display the new fields.

ting needs and error message details will be provided later in an addendum.

met with D.P. for editing

4-1-97 L.A. 6 P.A. F.H.

Do part of this SR!

INTANGIBLE BENEFITS

tion of provider ID and supervising agency is needed for AFCARS.

tion of need score, security level and security override will provide statewide data regarding the needs of uent wards.

1-1-97 about POS change

COST DATA		OTHER PERTINENT COST DATA
ESTIMATED COST OF PERFORMING FUNCTION WITHOUT EDP SUPPORT (PER YEAR)	\$	
PERCENT COST SAVINGS IF EDP SYSTEM IS AVAILABLE	%	
NUMBER OF PERSONNEL REDUCTION POSSIBLE		

COMPLETED BY EDP

E OF <input type="checkbox"/> MAJOR JECT <input type="checkbox"/> MINOR	APPLICABLE SOM DOCUMENTS <input type="checkbox"/> SRQ <input type="checkbox"/> SDO <input type="checkbox"/> SES <input type="checkbox"/> SIS <input type="checkbox"/> TEST <input type="checkbox"/> PD <input type="checkbox"/> UGCG <input type="checkbox"/> PIR
	<input type="checkbox"/> ABBREVIATED <input type="checkbox"/> ENHANCEMENT <input type="checkbox"/> MAINTENANCE

RNEED TO USER REASON:

RNEED FOR ACTION TO:

RESPOND BY DATE:

AmiPro Format (5-94)

FIA-3185

YOUTH'S PLACEMENT AND EDUCATION RECORD

FAMILY INDEPENDENCE AGENCY

Case Name: [REDACTED]
Case Number: [REDACTED] Date: FEBRUARY 19, 1997
County: 42 District: 00 Unit: 50 Worker: 02

Date: 02/01/97
Placement: [REDACTED]
Address: 54 [REDACTED]
EA [REDACTED]
Phone: 5176 [REDACTED]
County: KEWEENAW
School: [REDACTED]
Type of School Program: [REDACTED]
Court/Parent(s) Name(s): [REDACTED]
Provider #: [REDACTED]
FIA Worker: [REDACTED]
Grade: [REDACTED]

Date: 01/16/97
Placement: [REDACTED]
Address: 1 [REDACTED]
R [REDACTED]
Phone: 810 [REDACTED]
County: KEWEENAW
School: [REDACTED]
Type of School Program: [REDACTED]
Court/Parent(s) Name(s): [REDACTED]
Provider #: [REDACTED]
FIA Worker: [REDACTED]
Grade: [REDACTED]

Date: 12/31/96
Placement: [REDACTED]
Address: 2 [REDACTED]
S [REDACTED]
Phone: 906 [REDACTED]
County: KEWEENAW
School: [REDACTED]
Type of School Program: [REDACTED]
Court/Parent(s) Name(s): [REDACTED]
Provider #: [REDACTED]
FIA Worker: [REDACTED]
Grade: [REDACTED]

Date: 12/12/96
Placement: [REDACTED]
Address: 78 [REDACTED]
GF [REDACTED]
Phone: 5176 [REDACTED]
County: KEWEENAW
School: [REDACTED]
Type of School Program: [REDACTED]
Court/Parent(s) Name(s): [REDACTED]
Provider #: [REDACTED]
FIA Worker: [REDACTED]
Grade: [REDACTED]

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SWSS Project
User Requirements
Placement Module

October 27, 1999

YOUTH'S PLACEMENT AND
EDUCATIONAL RECORD
Michigan Department of Social Services

Case No. [REDACTED]				
Case Number V1 [REDACTED] A				Date 09231996
County 23	District 00	Unit 10	Worker 01	Other ID (As Required)

Date 01011995	Placement [REDACTED]	Address [REDACTED]	Phone [REDACTED]	County 23	Provider No. FH66666666	Worker 23001001	Rate Intensive
Date 01011995	School [REDACTED]	Grade 3	Type of School Program (This should be linked to a table-see below) Special Education				
Date 06011995	Placement Home	Address [REDACTED]	Phone [REDACTED]	County 23	Provider No. FH 7777777	Worker 23001001	Rate Regular
Date 06011995	School [REDACTED]	Grade 3	Type of School Program (This should be linked to a table-see below) Special Education -Emotionally Impaired/ Resource Room				
Date 09011995	Placement Home	Address [REDACTED]	Phone [REDACTED]	County 23	Provider No. FH7777777	Worker 23001001	Rate Regular
Date 09011995	School Eaton High	Grade 9	Type of School Program (this should be linked to a table-see below) Public-Regular				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				

DATA3185.DOC
print date: 8/6/96

page 6

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Delinquency
Foster Care Action Summary
Family Independence Agency

Type of Action (Check One) Effective Date: 11-4 / 1 / 1

1 ☐ Child Replacement
2 ☐ Parent Move (Change of Address??)
3 ☐ Caseworker Change
4 ☐ Termination from Foster Care

Child Information *(1-4)*

Name: _____ FIA Case Number: _____
Sex: ☐ M ☐ F Court File Number: _____
Race: _____
DOB: 1 / 1 / _____

Parent Move Summary *(2)*

Name: _____
Prior Address: _____ New Address: _____
 Street, Box and/or Apt. Street, Box and/or Apt.

 City, State, Zip Code City, State, Zip Code
Old Telephone: _____ New Telephone: _____

Child Move Summary *(1+4)*

Moved From: _____ Moved to: _____

Old Phone: _____ New Phone: _____
Foster Home #: _____ Foster Home #: _____

(3) Old Caseworker: _____ New Caseworker: _____

Complete Section A or B *(3)*

(1) A: Foster care continues to be appropriate for the following reason(s): (Check as many as apply)

☐ children remain at risk if returned to the parental home
☐ no interested relatives for placement
☐ no appropriate relative placements

(1+4) B: Reason for replacement or termination from foster care: (Check as many as apply)

☐ behavioral problems ☐ Problems in foster family
☐ Emergency or temporary placement ☐ Independent living
☐ placement with relative ☐ AWOL
☐ Residential Placement ☐ Other: _____
☐ Return Home

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14 Replacement preparation and/or Termination appropriate to the child's capacity to understand has been conducted in the following way: _____

Information related to the care and supervision of the child or termination was shared with:

_____ Mother on _____ / _____ / _____	via _____ letter	_____ Face to face	_____ telephone
_____ Father on _____ / _____ / _____	via _____ letter	_____ Face to face	_____ telephone
_____ New Care			
_____ giver on _____ / _____ / _____	via _____ letter	_____ Face to face	_____ telephone
_____ FIA/ Referring			
_____ worker on _____ / _____ / _____	via _____ letter	_____ Face to face	_____ telephone

Information shared with new care giver(s) includes (check as many as apply)

- _____ assigned worker
- _____ reason(s) child removed
- _____ case plan
- _____ description of behavioral characteristics and needs
- _____ medical/dental/psychological needs
- _____ interactions with parents/siblings
- _____ school records
- _____ behavior management
- _____ visitation expectations
- _____ consent to treatment card
- _____ school enrollment form
- _____ medical files passed on (???????)
- _____ abuse / neglect history

14 For Termination From Foster Care

Summarize services that were provided: _____

Summarize services currently being provided: _____

List services and needs still to be met: _____

Medical information to be given to parents _____

Unplanned; Explain _____

FIA Foster Care Worker: _____ Date: _____ / _____ / _____

Foster Care Supervisor: _____ Date: _____ / _____ / _____

Page 2

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STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY	ITEM 830	PAGE 11
SERVICES MANUAL	PROGRAM DELINQUENCY SERVICES	DATE Effective: 1/1/97

FORM FIA-767

CONDITIONS OF PLACEMENT AGREEMENT
Michigan Department of Social Services

Format for Agreement: This agreement is required for all Act 150 and Court delinquent wards.

I understand that living at _____ is subject to my compliance with the following conditions and that I may be removed from this placement if I violate any of these conditions. Therefore, I agree to the following conditions:

- A. To be a responsible individual by obeying the laws of the state, county, and city in which I live.
- B. To be a responsible member of my community and to obey the rules and/or reasonable regulations of _____ where I live, and/or as set forth by my worker.
- C. To be a productive person by being involved in school, work, or training or any combination on a regular basis.
- D. To meet the special conditions set by the Court of Jurisdiction and/or to meet the special conditions set by my worker.

These special conditions are:

- 1.
- 2.
- 3.
- 4.
- 5.

II. If the above conditions are met, the Department of Social Services will allow me to remain at _____. I understand that my failure to comply with the above listed conditions may result in a Court of Jurisdiction hearing and/or a change of placement.

III. As parent(s) of _____, we agree to these conditions and will support him/her in following them. We will contact the worker in the event these conditions are not fulfilled.

IV. As your worker, I agree to meet with you _____ (frequency) for purposes of assisting you to meet the preceding conditions.

I have read the conditions of placement and understand them completely.

Signed:

_____ (Ward)	_____ (Date)
_____ (Ward's Parents - as appropriate)	_____ (Date)
_____ (Worker)	_____ (Date)
_____ (Placement Representative - as appropriate)	_____ (Date)

COPY DISTRIBUTION:
PART 1 (Ward) - Case File
PART 2 (Worker) - Youth's Copy
PART 3 (Parent) - Parent's &/or Placement Representative's Copy
DSS-767 (Rev. 1-82) Previous editions obsolete.

AUTHORITY: PA ET OF 187L
Signatures are required but there is no consequence for not signing.
The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs.

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LETTERHEAD

INDEPENDENT LIVING AGREEMENT

I. In order to be approved for independent living and to continue to receive independent living benefits, I, *Case name* agree to the following conditions:

- A. To be a responsible individual and to obey the laws of the state, county and the city where I live.
- B. To always let my worker know where I live and approve my living situation.
- C. To meet with my worker monthly.
- D. To be employed and regularly attend school and obtain passing grades.
- E. To meet the following special conditions and goals for my employment or education program as outlined by my worker:

Give worker ability to add text block

II. If the above conditions are met, I, *Caseworker name*, will:

- A. Arrange for a Department independent living allowance, if appropriate, to be received every two weeks. The allowance will start no sooner than 15 days before you begin employment or school;
- B. Provide employment counseling and support services for you. This may include assistance with clothing and transportation when you begin employment.
- C. Arrange on-the-job assistance for you and services for you and your employer of problems arise;

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- I understand that I must arrange to see my worker in person at least monthly. I also understand that, if I do not meet all of the above conditions, my independent living status and allowance may be terminated immediately.

Supervisor _____ Date _____

cc: Youth, Case file

LETTERHEAD

System Date

Victim's name
Address

Dear *Victim's name*,

In Accordance with the Crime Victim's Rights Act of 1985, as amended, and as you have requested notification of a change in circumstances involving *Youth's name*, The Family Independence Agency is advising you that the above named youth has:

- ☐ Been dismissed from the Family Independence Agency's jurisdiction effective MMDDYYYY.
- ☐ Been moved from a secure to a non-secure facility.
- ☐ Escaped from placement.
- ☐ Been apprehend and returned to custody.

In the event the youth has left custody without authority, please be assured that the escape has been reported to the appropriate law enforcement officials so that the youth's name is placed on the Law Enforcement Information Network (LEIN). You will also be notified once apprehension occurs.

Sincerely,

Worker Name
Agency Name and Address

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STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY		ITEM 826	PAGE 2
SERVICES MANUAL CHILDREN AND YOUTH		PROGRAM DELINQUENCY SERVICES	DATE Effective: 1/1/97

Referrals

Central Intake
Committee

The Central Intake Committee (CIC) meets weekly to review all medium or high security level referrals received during the prior week. Referrals may be made by telephone. Cut off for telephone referrals is the preceding Thursday at 5:00 p.m.

At the time of this initial telephone contact the DSW must be prepared to discuss the ward's offense history, risk to the community, family history, placement history, and educational achievement as well as the rationale for the recommended placement. Residential programs will need a thorough documentation of a ward's adjudications to assure that the placement is allowable. Where available, all assessment conference reports and material are to be included.

Wards placed by this committee in either a FIA or private residential facility are under the jurisdiction of the committing court, which must approve eventual release to the community.

Items a-d below, must arrive at the assigned center before admission. The DSW keeps the official placement record in the local office and continues to function as the Case Manager while the ward is in placement.

Referral Packet
Requirements

The written referral packet is to arrive at the residential treatment facility before admission. It provides the basis for the program's working case record of the FIA residential care program or any child caring institution during a ward's stay. The official case record will remain with the primary case manager, the DSW, in the local office.

STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY		ITEM 826	PAGE 3
PROGRAM SERVICES MANUAL CHILDREN AND YOUTH		DATE DELINQUENCY SERVICES Effective: 1/1/97	

Referral Packet
Requirements
(Cont'd)

Referral packet contents (for all wards):

- a. Cover memorandum which identifies the requested placement, explains which of the following items are not included and why, and briefly describes the youth's needs, long range goals, and planned program (the description is not necessary if information is contained in a current updated services plan).
- b. Copies of the court order and petitions documenting offenses for which adjudication has occurred.
- c. Current physical (medical) exam record. (Medical History and Immunization Record are to be supplied as soon as possible. If no record is available, a statement is to be included.)
- d. Completed FIA Face Sheet (basic identifying information).
- e. Current Social History (copies of ISP and most recent USP, applicable risk and need assessments).
- f. Assessment conference reports and materials when available.
- g. Photocopy of the birth certificate or copy of the request.
- h. Photocopy of the Social Security Card or the application (SS-5).
- i. Initial Placement Outline (FIA-3307).
- j. Medical Care Authorization for Minor Child (FIA-3762), signed.
- k. Photocopy of the active MA card or the MA recipient ID number if the card is not available. (Wards in training school programs are not eligible for these benefits.)
- l. Court study/reports (if available).
- m. Copies of psychological/psychiatric reports (if available).
- n. Updated Service Plans, progress reports, and termination summaries for prior placements.
- o. Cumulative Educational Record (CA-60) or address of last school attended, so that the center may request these records to assist in the development of an appropriate educational treatment plan for each ward.

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STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY		ITEM 826	PAGE 4
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Referral Packet
Requirements
(Cont'd)

- p. Victim's rights information: name, address, telephone number, date of birth, and what victims rights information has been requested.

See SM 900 series for information on completing a placement in a child caring institution (including private agencies).

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OUT-OF-STATE RESIDENTIAL PLACEMENT

The placement of Michigan youth in residential programs outside of Michigan is to be requested only when there is a specific treatment rationale. There must be clear documentation available to indicate that a search for an appropriate placement has been conducted and the appropriate treatment cannot be provided in a timely manner in Michigan. There must also be documentation that the committing court has approved of the placement and youth's parents have been consulted and, when appropriate, the parents have also given their consent.

Requests for Placement

All requests for placement of P.A. 150 delinquent state wards in out-of-state residential care programs shall be referred to the Central Intake Committee. The Central Intake Committee will evaluate the request and certify that a search of Michigan residential programs has been conducted and that no appropriate program could be located which would accept the youth for placement. (Certification for counties located in Zone 1, may be made on the basis that the Wisconsin or Minnesota placement is located in close proximity to the family and that placement in Michigan would create an undue hardship.)

Court Hearings

No youth shall be placed in a residential program outside the State of Michigan unless the youth has been given a court hearing on notice to the parent or guardian with opportunity to be heard, prior to being sent to such a placement and the court finds the following:

1. That equivalent facilities for the youth are not available (within a reasonable time period) within this state; and
2. Residential care in the receiving state is in the best interest of the youth and will not produce undue hardship.

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Court Hearings
(Cont'd)

Prior to requesting an out-of-state placement, the DSW is to petition the court for a hearing to determine the appropriateness of such a placement unless the court has already made such a determination. A valid court order indicating the above listed findings must accompany any request to CIC for consideration of an out-of-state residential care placement.

CIC may request the DSW and/or the local office to petition the court to place a youth out-of-state if it appears there will be an extended period of time before the youth can be placed in Michigan.

Intake Interviews

Central Intake staff will arrange for an Intake Interview. CIC staff is to ensure that out-of-state agencies wishing to interview Michigan youth for possible placement give FIA staff at least six (6) days notice prior to coming to interview youth. Whenever possible, the local county worker, a parent or guardian, the youth and a representative of the out-of-state agency shall be present at the Intake Interview. In the event the worker or parent cannot be present at the interview, written indication of worker or other appropriate local county staff approval of the placement and evidence that the parent or guardian has been made aware of the state's intention to place the youth out-of-state, the nature of the program, and procedures for arranging for family interaction and visitation must be provided.

Out-of-state agencies will be asked to develop brief video presentations which are to be shown to youth and families at the intake interviews so that youth and families may get a better understanding of the programs being considered.

Interstate Services
Office

No youth is to be placed out-of-state except through the Interstate Services Office. Local office staff is to supply Central Intake staff with all materials needed to comply with Interstate Services Office requirements, and Central intake staff will submit all necessary materials to Interstate Services staff. No youth will be placed in an out-of-state residential care program unless that program is appropriately licensed or certified by the receiving state as a child caring agency.

Agency Selection
Criteria

Criteria for selection of out-of-state agencies ensure that youth placed out-of-state receive services which are at a minimum equivalent to those they would receive if placed in Michigan. Out-of-state agencies are to meet Michigan child care licensing standards in such areas as health and safety, education, family involvement, treatment, levels of staffing, training, physical environment, and safety, as well as in areas such as treatment modality, staff qualifications and competency, population profile, range of services, program day, behavior management,

Agency Selection

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Criteria
(Cont'd)

and after care. ODS staff, when making recommendations regarding the appropriateness of placements following field visits, are to consider all programs in the light of the program's equivalency to Michigan based programs and services. (See Licensing Rules for Child Caring Institutions).

Treatment Plan/
Monitoring
Requirements

Local office staff monitoring requirements will include completion of a FIA-3600 outlining expectations of the placement agency regarding compliance with FIA policies in such areas as, regular telephone contact with parent or guardian, quarterly parental visits to campus or other face-to-face visits between youth and parents/guardians, regular treatment progress reporting requirements, and requirements for timely reporting of unusual incidents, allegations of abuse or negative licensing reviews or evaluations which call for corrective action. The 3600 is to be submitted at the time of placement.

Monitoring requirements will also include the submission by local office staff of a written plan to fulfill minimum FIA case management requirements for DSW involvement in an intake/admissions conference, on-site visitation by local county staff representatives bimonthly, and a release conference prior to petition for release.

In addition to regular telephone contact with parents and guardians, treatment plans are to include provisions for family sessions to be held on-site during quarterly parental visits. The DSW is to assist in arranging transportation, meals and lodging for parents/guardians during quarterly on site visits. Parents will be reimbursed (within the FIA's established travel reimbursement rates), the actual cost of travel and accommodations for no more than two caregivers per visit. It is the responsibility of the local offices to arrange for transportation and lodging for visitation by parents who lack the financial means to make such arrangements. In no instances will FIA provide funding or reimbursement at rates above the established reimbursement rates.

In the event quarterly on-site visits are considered not in the youth's best interest, the rationale for the decision is to be documented in the case plan and an indication of how the agency will address family treatment issues must be included.

Multiple county arrangements may be made regarding local staff visitation. (Wayne County, which has assigned staff to work with youth placed in various out-of-state placements, has expressed a willingness to discuss such an arrangement with other counties which may experience difficulties in providing regular visitations.

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FAMILY INDEPENDENCE AGENCY

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SERVICES MANUAL
CHILDREN AND YOUTH

Release Planning

Youth are not to be released from residential placement except by order of the court. The DSW is to petition for the release hearing. The residential placement agency's plan for such activities as pre-release family contacts and home visits, aftercare contact and ongoing monitoring are to be presented to the court as a part of the release plan.

Data Collection

All out-of-state agencies will be required to become a part of the OD-SIS data collection system and input information regarding youth in their care on a regular basis.

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

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SERVICES MANUAL
CHILDREN AND YOUTH

PROGRAM	DELINQUENCY SERVICES	DATE	Effective: 1/1/97
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ESCAPE
PROCEDURES

Effective January 1, 1997, escape or attempted escape from a county juvenile facility or FIA operated or contracted facility or from the custody of an employee of that facility is a felony if the youth was in placement for an offense which would be a felony or misdemeanor if committed by an adult. (MCL 750.186a). Further, if the escape is from an FIA operated medium or high security facility or a contracted high security facility, the escape, and/or attempts, solicitation and conspiracy to escape is an offense waivable to the adult system at the discretion of the local county prosecutor.

"Escape" means to leave without lawful authority or to fail to return to custody when required.

Residential facility staff, parents and foster parents shall immediately notify law enforcement agencies (state and local police or the sheriff's department) and the DSW when a ward under their care escapes. The local office shall establish procedures for parents and foster parents to implement this policy during non-working hours and notify the DSW the next work day.

When an escape occurs the DSW shall:

- Immediately notify the victim if requested to do so by the facility. The facility has primary responsibility for notification of the victim (See Item 813.2, Victim Notification). However, in the event the facility was unable to make contact with the victim, the DSW shall attempt to make telephone contact with the victim at reasonable intervals, until it can be assured that written notification from the facility should have been received. If informed that the safety of the victim may be threatened and the victim cannot be contacted by telephone, the DSW or local office staff covering non-working hours shall cause to be delivered a written notice to the last known address of the victim and shall continue to attempt to contact the victim by telephone.
- The DSW is to notify the court of jurisdiction and request an apprehension order within 24 hours of notification or no later than the next working day.
- The parent(s) may initially be notified by telephone or an in-person visit. However, written notification must be sent immediately to the parent(s) and a copy of the letter is to be retained in the case record. Initial notification may be made by the placement staff.
- Ensure that payment for placement is handled in accordance with SM Item 903.7, Placement Interruption.

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INDEPENDENT LIVING

Independent living is an acceptable long range goal for wards age 14 years and older. However, it is an appropriate living arrangement only if the ward is 16 years or older. Every effort is to be made to limit the use of these programs by exploring all other possible permanent placements, i.e., own home, relatives, legal guardian, etc.

For all wards 16 years of age, regardless of where they are living, the worker must enter in the Case Plan, ISP, USP and/or supplemental report a written **transitional living** plan that when implemented prepares the ward for **functional independence** at the time of discharge. Desired achievements include but are not limited to:

1. Ability to obtain and maintain adequate housing in the community
2. Ability to manage resources
3. Sufficient living skills to live on their own
4. Realistic goals and expectations
5. Interpersonal relationships, formulating positive friendships, dating, etc.
6. Economic self sufficiency (youth must have sufficient income to support self independently)

The Independent Living Agreement, form FIA-4527, must be used for an independent living arrangement. A copy of the agreement must be given to the ward.

The supervisor must review and approve the written independent living agreement for a ward before the independent living placement can be authorized **regardless of funding source**, (FIA allowance or self support).

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**ESCAPE
PROCEDURES**
(Cont'd)

- Ensure that the Living Arrangement item on CSMIS for any ward escaped from an approved placement for more than five days has been changed to Absent Without Leave (AWOL).
- Ensure the documentation of the issuance and the disposition of the Unauthorized Leave Notification (FIA-3198) or a court apprehension order is in the Updated Service Plan.
- Ensure that proper notifications, cancellations and documentation are completed. Escaped wards will be processed on the LEIN.

The staff of agency operated residential facilities are responsible for completing and distributing the FIA-3198 for youth in their care. Other placements (including own home) are responsible for notifying the DSW who submits the FIA-3198. Whomever completes the FIA-3198 must identify the contact person who is responsible for LEIN maintenance until such time as the ward is apprehended and they cancel the ward's name is canceled from the LEIN.

Escape or attempt, conspiracy or solicitation to escape from an ODS medium or high security facility or a privately operated high security facility requires special procedures.

Upon notification that the escaped youth has been apprehended or upon receiving information from a Facility Director that a youth has participated in an attempt, conspiracy or solicitation to escape, the DSW is to:

1. Obtain documentation from the Facility Director regarding whether prosecution of the escape (including attempt, solicitation or conspiracy) is pending.
2. Prepare and submit to the committing court a petition requesting a violation of probation hearing.
3. Ensure that the Facility Director, the youth, the youth's parent(s)/guardian are informed of the hearing date. Clarify with the court that the required notifications have been made.

Also, when apprehension occurs regardless of the security level, the DSW shall:

- Take immediate action to move the ward to an appropriate placement after apprehension (if applicable).

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**ESCAPE
PROCEDURES**
(Cont'd)

- Return the ward to placement or secure another placement as quickly as possible (if applicable).
- Notify parents immediately by telephone, in-person visit or in writing. If appropriate, FIA-767, Conditions of Placement Agreement, is to be completed.
- Ensure that the LEIN message is canceled upon apprehension or return of the youth.
- Ensure that the victim is notified upon apprehension or return of the youth.
- Ensure that the court of jurisdiction is notified of the youth's apprehension or return to the facility (if applicable).
- Ensure that the Facility Director is notified of the apprehension or return of the youth (if applicable).
- Stop or start payments if appropriate.

When applicable, the DSW shall:

- Enter placement change on CSMIS.

NOTE: If required to remove the ward from detention, an interim placement may be used.

- Provide or arrange for transportation to return youth, except Interstate Cases (See SM Item 930). If the DSW needs assistance to return a training school ward, confer with the director, or designee, of the training school facility from which the youth escaped to make arrangements.

FOSTER CARE ELEMENT #49:
FOSTER FAMILY STRUCTURE

Definition

Select from the four alternatives – married couple, unmarried couple, single female, single male – the category which best describes the nature of the foster parents with whom the child is living in the current foster care episode.

Format

Size: 1
Type: Coded

Missing Data Standard

A blank in this field indicates that:

- 1) the State does not have the information for this element; or
- 2) this child is not currently in a relative foster family home, a non-relative foster family home, or a preadoptive home setting (and this has been indicated in element #41 - Current Placement Setting)

Allowable Values

- 0 = Not Applicable
- 1 = Married Couple
- 2 = Unmarried Couple
- 3 = Single Female
- 4 = Single Male

Common Misinterpretations

For questions and answers on AFCARS data elements, please see the AFCARS Support Menu on the ACF Bulletin Board.

- ◆ States have been confused as to whether they should report the structure of the foster family as of the end of the reporting period or the end as of the Date of Placement in the Setting. For this element, they should report the structure of the family as of the end of the reporting period.

FOSTER CARE ELEMENT #50:
YEAR OF BIRTH (1ST FOSTER CARETAKER)

Definition

Year that the first foster caretaker was born. If the exact year of birth is unknown, enter an estimated year of birth.

Format

Size: 2

Type: Date (yy)

Missing Data Standard

A blank in this field indicates the State does not have the information for this element or this child is not currently in a relative foster family home, a non-relative foster family home, or a preadoptive home setting (and this has been indicated in element #41 - Current Placement Setting).

Allowable Values

yy = 00-99

Applicable Internal Consistency Checks

Internal consistency checks will only be performed when all elements involved in the check have passed the missing test and the out-of-range test.

Foster Care Internal Consistency Check #10: If Current Placement Setting (Element 41) is a value that indicates that the child is not in a foster family or pre-adoptive home, then elements 49-55 must be zero (0).

FOSTER CARE ELEMENT #51:
YEAR OF BIRTH (2ND FOSTER CARETAKER)

Definition

Year that the second foster caretaker was born. If the exact year of birth is unknown, enter an estimated year of birth.

Format

Size: 2

Type: Date (yy)

Missing Data Standard

A blank in this field indicates:

- 1) the State does not have the information for this element;
- 2) this child is not currently in a relative foster family home, a non-relative foster family home, or a preadoptive home setting (and this has been indicated in element #41 - Current Placement Setting); or
- 3) this child is in a relative foster family home, non-relative foster family home, or a pre-adoptive home with only one foster parent (and this has been indicated in element #49 - Foster Family Structure)

Allowable Values

yy = 00-99

Common Misinterpretations

For questions and answers on AFCARS data elements, please see the AFCARS Support Menu on the ACF Bulletin Board.

- ◆ States have asked if the second caretaker should always be the father. If the family structure (Element #44) has been indicated to be married couple or unmarried couple, then the second caretaker should be the father. If the family structure has been indicated to be single male, then the *first* caretaker should be the father and the second caretaker should be left blank.

**FOSTER CARE ELEMENT #52:
RACE (1ST FOSTER CARETAKER)**

Definition

In general, a person's race is determined by how others define them or by how they define themselves.

Format

Size: 1
Type: Coded

Missing Data Standard

A blank in this field indicates:

- 1) the State does not have the information for this element; or
- 2) this child is not currently in a relative foster family home, a non-relative foster family home, or a preadoptive home setting (and this has been indicated in element #41 - Current Placement Setting).

Allowable Values

0 = Not Applicable

1 = White (a person of European, North African, or Middle Eastern origin)

2 = Black (A person whose ancestry is any of the black racial groups of Africa)

3 = American Indian/Alaskan Native (A person whose ancestry is North American, and who maintains tribal affiliation or is so recognized in the community)

Penalty Calculation

A = Number of errors for this element in records where:

- 1) the child has been in care 30 days or longer; and
- 2) the child's Date of Latest Removal is October 1, 1995 or later

OR

- 1) The child's Date of Latest Removal (Element #21) fails the missing, out-of-range, or internal consistency checks.

B = Number of records where:

- 1) the child has been in care 30 days or longer; and
- 2) the child's Date of Latest Removal is October 1, 1995 or later

OR

- 1) The child's Date of Latest Removal (Element #21) fails the missing, out-of-range, or internal consistency checks.

penalty incurred if $\frac{A}{B} \geq 10\%$

Common Misinterpretations

For questions and answers on AFCARS data elements, please see the AFCARS Support Menu on the ACF Bulletin Board.

- ◆ States have asked if the first caretaker should always be the mother. If the family structure (Element #44) has been indicated to be married couple, unmarried couple, or single female, then the first caretaker should be the mother. If the family structure has been indicated to be single male, then the first caretaker should be the father.
- ◆ Many State systems treat "Hispanic" as an option for their Race data element. In fact, hispanic is an ethnicity, not a race. States will eventually have to report on both the race and the ethnicity of the child. Until then they can use "Unable to Determine" for Race and "Yes" for Hispanic Origin. They are encouraged to include a comment that they have used this method in the optional footnote file.

Foster Care Element #52: Race (1st Foster Caretaker)

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FOSTER CARE ELEMENT #53:
HISPANIC ORIGIN (1ST FOSTER CARETAKER)

Definition

Answer yes if the first foster caretaker is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic is determined by how others define them or how they define themselves.

Format

Size: 1

Type: Coded

Missing Data Standard

A blank in this field indicates:

- 1) the State does not have the information for this element; or
- 2) this child is not currently in a relative foster family home, a non-relative foster family home, or a preadoptive home setting (and this has been indicated in element #41 - Current Placement Setting).

Allowable Values

0 = Not Applicable

1 = Yes

2 = No

3 = Unable to Determine

Common Misinterpretations

For questions and answers on AFCARS data elements, please see the AFCARS Support Menu on the ACF Bulletin Board.

- ◆ States have asked if the first caretaker should always be the mother. If the family structure (Element #44) has been indicated to be married couple, unmarried couple, or single female, then the first caretaker should be the mother. If the family structure has been indicated to be single male, then the first caretaker should be the father.
- ◆ Many State systems treat "Hispanic" as an option for their Race data element. In fact, hispanic is an ethnicity, not a race. States will eventually have to report on both the race and the ethnicity of the child. Until then they can use "Unable to Determine" for Race and "Yes" for Hispanic Origin. They are encouraged to include a comment that they have used this method in the optional footnote file.

Footnote Guidance

- ◆ If State tracks hispanic as a race, how were those children coded for AFCARS (e.g., race = undetermined and hispanic origin = yes)

FOSTER CARE ELEMENT #54:
RACE (2ND FOSTER CARETAKER)

Definition

In general, a person's race is determined by how other define them or by how they define themselves.

Format

Size: 1
Type: Coded

Missing Data Standard

A blank in this field indicates:

- 1) the State does not have the information for this element;
- 2) this child is not currently in a relative foster family home, a non-relative foster family home, or a preadoptive home setting (and this has been indicated in element #41 - Current Placement Setting); or
- 3) this child is in a relative foster family home, non-relative foster family home, or a pre-adoptive home with only one foster parent (and this has been indicated in element #49 - Foster Family Structure)

Allowable Values

0 = Not Applicable

1 = White (a person of European, North African, or Middle Eastern origin)

2 = Black (A person whose ancestry is any of the black racial groups of Africa)

Penalty Calculation

A = Number of errors for this element in records where:

- 1) the child has been in care 30 days or longer; and
- 2) the child's Date of Latest Removal is October 1, 1995 or later

OR

- 1) The child's Date of Latest Removal (Element #21) fails the missing, out-of-range, or internal consistency checks.

B = Number of records where:

- 1) the child has been in care 30 days or longer; and
- 2) the child's Date of Latest Removal is October 1, 1995 or later

OR

- 1) The child's Date of Latest Removal (Element #21) fails the missing, out-of-range, or internal consistency checks.

penalty incurred if $\frac{A}{B} \geq 10\%$

Common Misinterpretations

For questions and answers on AFCARS data elements, please see the AFCARS Support Menu on the ACF Bulletin Board.

- ◆ States have asked if the second caretaker should always be the father. If the family structure (Element #44) has been indicated to be married couple or unmarried couple, then the second caretaker should be the father. If the family structure has been indicated to be single male, then the *first* caretaker should be the father and the second caretaker should be left blank.
- ◆ Many State systems treat "Hispanic" as an option for their Race data element. In fact, hispanic is an ethnicity, not a race. States will eventually have to report on both the race and the ethnicity of the child. Until then they can use "Unable to Determine" for Race and "Yes" for Hispanic Origin. They are encouraged to include a comment that they have used this method in the optional footnote file.

FOSTER CARE ELEMENT #55:
HISPANIC ORIGIN (2ND FOSTER CARETAKER)

Definition

Answer yes if the second foster caretaker is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic is determined by how others define them or by how they define themselves.

Format

Size: 1
Type: Coded

Missing Data Standard

A blank in this field indicates:

- 1) the State does not have the information for this element;
- 2) this child is not currently in a relative foster family home, a non-relative foster family home, or a preadoptive home setting (and this has been indicated in element #41 - Current Placement Setting); or
- 3) this child is in a relative foster family home, non-relative foster family home, or a pre-adoptive home with only one foster parent (and this has been indicated in element #49 - Foster Family Structure)

Penalty Calculation

A = Number of errors for this element in records where:

- 1) the child has been in care 30 days or longer; and
- 2) the child's Date of Latest Removal is October 1, 1995 or later

OR

- 1) The child's Date of Latest Removal (Element #21) fails the missing, out-of-range, or internal consistency checks.

B = Number of records where:

- 1) the child has been in care 30 days or longer; and
- 2) the child's Date of Latest Removal is October 1, 1995 or later

OR

- 1) The child's Date of Latest Removal (Element #21) fails the missing, out-of-range, or internal consistency checks.

penalty incurred if $\frac{A}{B} \geq 10\%$

Common Misinterpretations

For questions and answers on AFCARS data elements, please see the AFCARS Support Menu on the ACF Bulletin Board.

- ◆ States have asked if the second caretaker should always be the father. If the family structure (Element #44) has been indicated to be married couple or unmarried couple, then the second caretaker should be the father. If the family structure has been indicated to be single male, then the *first* caretaker should be the father and the second caretaker should be left blank.
- ◆ Many State systems treat "Hispanic" as an option for their Race data element. In fact, hispanic is an ethnicity, not a race. States will eventually have to report on both the race and the ethnicity of the child. Until then they can use "Unable to Determine" for Race and "Yes" for Hispanic Origin. They are encouraged to include a comment that they have used this method in the optional footnote file.

FOSTER CARE ELEMENT #61:
TITLE IV-A (AID TO FAMILIES WITH DEPENDENT CHILDREN -
SOURCE(S) OF FEDERAL SUPPORT)

Definition

Child is living with relative(s) whose source of support is an AFDC payment for the child.

Format

Size: 1
Type: Coded

Missing Data Standard

A blank in this field indicates the State does not have the information for this element.

Allowable Values

1 = Applies
0 = Does not Apply

Applicable Internal Consistency Checks

Internal consistency checks will only be performed when all elements involved in the check have passed the missing test and the out-of-range test.

Foster Care Internal Consistency Check #11: At least one element between elements 59 - 65 must be answered by selecting a "1". Enter a zero for sources that do not apply.

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Foster Care Element #61: Title IV-A (Aid to Families With Dependent Children) Page 161

FOSTER CARE ELEMENT #23:
DATE OF PLACEMENT IN CURRENT FOSTER CARE SETTING

Definition

Month, day and year the child moved into the current foster home, facility, residence, shelter, institution, etc. for purposes of continued foster care.

Format

Size: 6
Type: Date (yyymmdd)

Missing Data Standard

A blank in this field indicates the State does not have the information for this element.

Allowable Values

yy = 00-99
mm = 01-12
dd = 01-31

Applicable Internal Consistency Checks

Internal consistency checks will only be performed when all elements involved in the check have passed the missing test and the out-of-range test.

Foster Care Internal Consistency Check #8: The Date of Latest Removal From Home (Element 21) must be (equal to or) prior to the *Date of Placement in Current Foster Care Setting (Element 23)*.

**FOSTER CARE ELEMENT #24:
NUMBER OF PREVIOUS PLACEMENT SETTINGS DURING THIS REMOVAL
EPISODE**

Definition

The number of places the child has lived, including the current setting, during the current removal episode. Do not include trial home visits as a placement setting.

Format

Size: 2
Type: Uncoded

Missing Data Standard

A blank in this field indicates the State does not have the information for this element.

Allowable Values

01-99

Applicable Internal Consistency Checks

No internal consistency checks will be performed on this element.

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Foster Care Element #24: # of Previous Placement Settings During this Episode

- ◆ States have questioned how to handle a situation where the status of the placement changes but the child does not move. For example, a foster family home becomes a pre-adoptive home. In this case the answer to element #41, "Current Placement Setting," should change but the answer this element should not change.

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Foster Care Element #24: # of Previous Placement Settings During this Episode Page 61

**FOSTER CARE ELEMENT #41:
PLACEMENT SETTING (CURRENT)**

Definition

Identify the type of setting in which the child currently lives. Types of settings include: Pre-Adoptive Home, Foster Family Home (Relative), Foster Family Home (Non-Relative), Group Home, Institution, Supervised Independent Living, Runaway, Trial Home Visit.

Format

Size: 1
Type: Coded

Missing Data Standard

A blank in this field indicates the State does not have the information for this element.

Allowable Values

- 1 = Pre-Adoptive Home (A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child).
- 2 = Foster Family Home (Relative) (A licensed or unlicensed home of the child's relatives regarded by the State as a foster care living arrangement for the child).
- 3 = Foster Family Home (Non-Relative) (A licensed foster family home regarded by the State as a foster care living arrangement).
- 4 = Group Home (A licensed or approved home providing 24-hour care for children in a small group setting that generally has from seven to twelve children).

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Common Misinterpretations

For questions and answers on AFCARS data elements, please see the AFCARS Support Menu on the ACF Bulletin Board.

- ◆ States have questioned how to handle a situation where the status of the placement changes but the child does not move. For example, a foster family home becomes a pre-adoptive home. In this case the answer to this element should change but the answer to element #24, "Number of Previous Placement Settings," should not change.
- ◆ Many States have asked how this element should be answered if the child was in foster care during the period but was discharged before the end of the period. In AFCARS, "current" means "most recent".
- ◆ Many States have asked how to code "shelter" within the guidelines for this element. If a child is in a shelter on the last day of the reporting period, the State should code that placement as whatever it resembles in the list above. For example, if the child is placed in emergency foster care, the State should code that as 3 (Foster Family Home - Non-Relative).

Footnote Guidance

- ◆ How does State define Group Home (option "4")?
- ◆ How does State define Institution (option "5")?
- ◆ Is juvenile justice population included (as Institution, option "5")?
- ◆ Are unlicensed relative homes included in relative foster home (option "2")?
- ◆ What relationships are included in Foster Family Home - Relative (option "2")?
- ◆ What types of living situations is State including in Supervised Independent Living (option "6")? (e.g., apartments, foster homes, etc.)

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Foster Care Element #41: Placement Setting (Current)

**FOSTER CARE ELEMENT #42:
PLACEMENT (OUT OF STATE)**

Definition

The type of setting in which the child currently lives is located in another State.

Note: Only the State with the placement and care responsibility for the child should include the child in the AFCARS reporting system.

Format

Size: 1

Type: Coded

Missing Data Standard

A blank in this field indicates the State does not have the information for this element.

Allowable Values

1 = Yes (The current placement setting is located outside of the State making the report).

2 = No (The child continues to reside within the State making the report).

Applicable Internal Consistency Checks

No internal consistency checks will be performed on this element.

4/28/97

Help/Error Messages
Delinquency

Delinquency C07-Placement Record Licensed Provider Screen #1	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Contact Person	New field	Enter the name and phone number of the contact person within the Agency.	New Field	Invalid Code	N
Placement Begin Date	264: Date youth placed in placement <MMDDYY>	8 Digit Date <MMDDYYYY>	10: Invalid date, 270: Date cannot be less than youth's DOB	Edit for 8 digit date <MMDDYYYY>	Y
Living Arrangement	Table	OK	9: Invalid code, press F8 for help	OK	N Should be
Funding Source	Table	OK	725: Invalid legal status/ living arrangement code	725 or 658? Invalid code: See help table	N Should be
Placement End	269: Date youth removed from placement	OK 8 digit date <MMDDYYYY>	10: Invalid date, press F8 for help 284: Placement end date cannot be entered in add mode 284: Placement end date must be greater than placement begin date	Invalid date <MMDDYYYY> OK	N

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Help/Error Messages
Delinquency

Delinquency C07-Placement Record Licensed Provider Screen #1	Help Message	Proposed Changed	Error Message	Proposed Change	Required Y/N
Field	144: Free form comments <72 Char.>	Open a GUI window Enter comments Y/N			N
Comments	New Field	Do you want to produce a Conditions of Placement Agreement?	New Field	52: Invalid field must be <Y>es or <N>o	N
Produce a Conditions of Placement Agreement, FIA-767 Y/N?	New Field	Do you want to produce the Replacement Documentation or the Termination From Foster Care Summary?	New Field	52: Invalid field must be <Y>es or <N>o	N
Produce Delinquency Action Summary Y/N?					
Payment Screen Y/N?	New Field	Do you want to go to the payment's screen?	New Field	52: Invalid field must be <Y>es or <N>o	N
Education Screen Y/N?	New Field	Do you want to go to the Educational screen?	New Field	52: Invalid field must be <Y>es or <N>o	N

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Help/Error Messages
Delinquency

Delinquency CO7 Placement Record Unlicensed Provider Screen #2	Field	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Provider Name	New Field		Name of Provider			N
Contact Person	New field		Enter the name and phone number of the contact person within the Agency.	New Field	Invalid Code	N
Family Structure	New Field		Use AF/CARS definition and table	New Field	Invalid Code: See help table	Y-Unless Institution
Provider Name	First, last and MI help message			Will allow numeric entry should not		N
DOB	97. Date of Birth <MMDDYY>		8 digit date <MMDDYYYY>	10. Invalid date	<MMDDYYYY>	Y
Sex	25. Valid sex codes are M=Male F=Female		OK	9. Invalid code	Invalid code: M=Male F=Female	
Race	Table		ASSIST Codes	9. Invalid Code	Invalid code: See help table	Y
Hispanic Origin	New field		Use AF/CARS def. and table		Invalid code: See help table	
SSN/Federal Tax #	99. Social Security Number-<9 Digits>		Federal ID # is 8 Digits	None	Will allow letters and should not	N
Address and City	Keep the same					

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Help/Error Messages
Delinquency

Delinquency C07-Placement Record Unlicensed Provider Screen #2		Proposed Changed		Error Message		Proposed Change		Required Y/N
Field	Help Message							
State	Table	OK		23: Invalid State Code	Invalid State code: See help table			Y
Zip Code	Table		Need to have ability to enter local Zip Codes	Will not allow alpha	OK			N
Phone #1 & 2	Use standard help			Use standard error				N
Placement Begin Date	264: Date youth placed in placement <MMDDYY>	8 Digit Date <MMDDYYYY>		10: Invalid date, press 270: Date cannot be less than youth's DOB	Edit for 8 digit date Will allow you to place youth before open date			Y
Living Arrangement	Table	OK		9: Invalid code, press F8 for help	OK			N Should be
Funding Source	Table	OK		725: Invalid legal status/ living arrangement code	725 or 658? Invalid code: See help table			N Should be
Placement End	269: Date youth removed from placement	OK 8 digit date <MMDDYYYY>		10: Invalid date, press F8 for help 284: Placement end date cannot be entered in add mode 284: Placement end date must be greater than Placement begin date	Invalid date <MMDDYYYY> OK			N

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Help/Error Messages
Delinquency

4/12/99/

Delinquency C07-Placement Record Unlicensed Provider Screen #2	Help Message	Proposed Changed	Error Message	Proposed Change	Required Y/N
Comments	144: Free form comments <72 Char>	Open a GUI window Enter comments Y/N			N
Produce a Conditions of Placement Agreement, FIA-767 Y/N?	New Field	Do you want to produce a Conditions of Placement Agreement?	New Field	52: Invalid field must be <Y>es or <N>o	N
Produce Delinquency Action Summary Y/N?	New Field	Do you want to produce the Replacement Documentation or the Termination From Foster Care Summary?	New Field	52: Invalid field must be <Y>es or <N>o	N
Payment Screen Y/N?	New Field	Do you want to go to the payments screen?	New Field	52: Invalid field must be <Y>es or <N>o	N
Education Screen Y/N?	New Field	Do you want to go to the Educational screen?	New Field	52: Invalid field must be <Y>es or <N>o	N

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Help/Error Messages
Delinquency

4/28/97

Delinquency C07-Placement Record Insurance/MA Screen #3		Proposed Change		Proposed Change		Required Y/N
Field	Help Message	Proposed Change	Error Message	Invalid Code		
Contact Person	New field	Enter the name and phone number of the contact person within the Agency.	New Field	Invalid Code		N
Placement Begin Date	264: Date youth placed in placement <MMDDYY>	8 Digit Date <MMDDYYYY>	10: Invalid date, press F8 for help 270: Date cannot be less than youth's DOB	Edit for 8 digit date <MMDDYYYY>		Y
Living Arrangement	Table	OK	9: Invalid code, press F8 for help	OK		N Should be
Funding Source	Table	OK	725: Invalid legal status/ living arrangement code	725 or 6587 Invalid code: See help table		N Should be
Placement End	269: Date youth removed from placement	OK 8 digit date <MMDDYYYY>	10: Invalid date, press F8 for help 284: Placement end date cannot be entered in add mode 284: Placement end date must be greater than placement begin date	Invalid date <MMDDYYYY> OK OK		N

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Help/Error Messages
Delinquency

Delinquency C07-Placement Record FIA Independent Living Screen #4		New Screen	Proposed Change	Error Message	Proposed Change	Required Y/N
Field	Help Message					
Address, City State Zip Code and Phone	Standard Help message			Same		Y Except Phone
Placement Begin Date	264: Date youth placed in placement <MMDDYY>	8 Digit Date <MMDDYYYY>		10: Invalid date, press F8 for help 270: Date cannot be less than youth's DOB	Edit for 8 digit date <MMDDYYYY>	Y
Living Arrangement	Table	OK		9: Invalid code, press F8 for help	OK	N Should be
Funding Source	Table	OK		725: Invalid legal status/ living arrangement code	725 or 658? Invalid code. See help table	N Should be
Placement End	269: Date youth removed from placement	OK 8 digit date <MMDDYYYY>		10: Invalid date, press F8 for help 284: Placement end date cannot be entered in add mode 284: Placement end date must be greater than placement begin date	Invalid date <MMDDYYYY> OK OK	N

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Help/Error Messages
Delinquency

4/28/97

Delinquency C07-Placement Record FIA Independent Living Screen #4	New Screen				
Field	Help Message	Proposed Changed	Error Message	Proposed Change	Required Y/N
Comments	144: Free form comments <72 Char >	Open a GUI window Enter comments Y/N			N
Generate Independent Living Agreement Y/N?	New Field	Do you want to generate an Independent Living Agreement?	New Field	52: Invalid field must be <Y>es or <N>o	N
Produce a Conditions of Placement Agreement, FIA-767 Y/N?	New Field	Do you want to produce a Conditions of Placement Agreement?	New Field	52: Invalid field must be <Y>es or <N>o	N
Produce Foster Care Action Summary Y/N?	New Field	Do you want to produce the Replacement Documentation or the Termination From Foster Care Summary?	New Field	52: Invalid field must be <Y>es or <N>o	N
Payment Screen Y/N?	New Field	Do you want to go to the payment's screen?	New Field	52: Invalid field must be <Y>es or <N>o	N
Education Screen Y/N?	New Field	Do you want to go to the Educational screen?	New Field	52: Invalid field must be <Y>es or <N>o	N

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Help/Error Messages
Delinquency

4/28/97

Delinquency Escape/Apprehension Boxes	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Escape					
Notify Victim letter	New Field	Have you notified the victim of the youth's escape by letter?	New Field	Invalid Code	N
Phone	New Field	Have you notified the victim of the youth's escape by phone?	New Field	Invalid Code	N
Date	Date	Date of notification	New Field	Invalid Date <MMDDYY>	N
Notify Court and Request pick up order-Date	New Field	Date you notified the court of the youth's escape.	New Field	Invalid Date <MMDDYY>	N
Notify Parents-Letter	New Field	Have you notified the youth's parents of the escape by letter	New Field	Invalid Code	N
Phone	New Field	Have you notified the youth's parents of the escape by phone?	New Field	Invalid Code	N
Date	New Field	Date you notified the youth's parents of the escape.	New Field	Invalid Code	N

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Help/Error Messages
Delinquency

4/1/2011

Delinquency Escape/Apprehension Boxes	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Escape					
Stop Payment	New Field	Have you stopped the payment for the youth?	New Field	Invalid Code	N
FIA-3198	New Field	Have you received or filed out an FIA-3198?	New Field	Invalid Code	N
Enter on LEIN	New Field	Have you notified the police and had the child entered on the LEIN system?	New Field	Invalid Code	N
Apprehension					
Notify Victim-Letter	New Field	Have you notified the victim of the youth's apprehension by letter?	New Field	Invalid Code	N
Phone	New Field	Have you notified the victim of the youth's apprehension by phone?	New Field	Invalid Code	N
Date	New Field	Date of notification	New Field	Invalid Code	N
Notify Court-Petition for violation of probation	New Field	Have you notified the court of the youth's apprehension and/or filed a petition for violation of probation?	New Field	Invalid field must be <Y>es or <N>o	N

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Help/Error Messages
Delinquency

Delinquency Escape/Apprehension Boxes					
Field	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Notify Parents-Letter	New Field	Have you notified the youth's parents of the apprehension by letter?	New Field	Invalid Code	N
Phone	New Field	Have you notified the youth's parents of the apprehension by phone?	New Field	Invalid Code	N
Date	New Field	Date you notified the youth's parents of the apprehension.	New Field	Invalid Code	N
Notify Facility Director	New Field	Have you notified the facility director from where the youth escaped that the youth has been apprehended?	New Field	Invalid Code	N
Date	New Field	Date notification was given to facility director	New Field	Invalid Date <MMDDYYYY>	N
Notify of court hearing-youth	New Field	Did you notify the youth of the court hearing regarding the escape?	New Field	Invalid Code	N
Facility Director	New Field	Did you notify the Facility Director of the court hearing regarding the escape?	New Field	Invalid Code	N

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Help/Error Messages
Delinquency

4/28/97

Delinquency Escape/Apprehension Boxes	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Field	New Field	Did you notify the family of the court hearing regarding the escape?	New Field	Invalid Code	N
Notify of court hearing- Family					
Notification from Facility director regarding prosecution	New Field	Have you received from the facility director notification of whether charges will be filed against the youth for escape?	New Field	Invalid field must be <Y>es or <N>o	N
Return to Placement	New Field	Has the youth been re- turned to the same place- ment that he/she escaped from?	New Field	Invalid Code	N
New Placement	New Field	Has the youth been moved to a new placement since the escape?	New Field	Invalid Code	N
Stop/Start Payments	New Field	Have you stop or started payment for the youth?	New Field	Invalid Code	N
Cancel LEIN	New Field	Have you notified Law En- forcement of the youth apprehension and canceled the LEIN?	New Field	Invalid Code	N
FIA-767	New Field	New FIA-767	New Field	Invalid Code	N

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5.2 Memos and E-Mail

5.2.1 Addendum 3

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: December 10, 1999

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: FIA-5S Module Documentation - Addendum 3

Based on discussions regarding the Child Information Module Documentation – Addendum 2 memo of December 6, 1999, it was determined that items 1, 2, 4 and 5 of that memo really belong in the FIA-5S Module. They will be included as Out of Module requirements in Child Information. Please add the following to the FIA-5S Module requirements:

1. Add a new requirement: A tickler must be established to remind the user to enter the Case Number within 7 days of case opening.
2. Add a new requirement: If the case number is not entered within the established time frame, an overdue notice must be sent to the supervisor.
3. Add a new requirement: A tickler must be established to remind the user to enter the Client ID within 7 days of case opening.
4. Add a new requirement: If the client ID is not entered within the established time frame, an overdue notice must be sent to the supervisor.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Phil Rock
Nancy Presocki

5.2.2 Placement Documentation

To: Sue London
From: Mary Ann Jensen

Date: 11/15/1999

We have carefully reviewed the October 30, 1999 User Requirements document on the Placement Module (printed ??, 1999) and have the following clarifications:

1. Module Narrative, Initial Placement, 6th paragraph: Change the next to last sentence to read '....and the unlicensed provider does not **receive payment from MPS** ~~have a model payment number~~,....'
2. Module Narrative, Initial Placement, 6th paragraph: Change the last sentence to read '....the unlicensed provider does **receive payment**, ~~have a provider number~~....'
3. Navigation Flow, 3rd dot point, #3: Add **in** between 'result' and 'being'.
4. Navigation Flow, 3rd dot point, #4: Delete FIA
5. Navigation Flow, 3rd dot point, #5: Delete narrative after 'Unlicensed' Add **asks the question 'Is payment going to be made? If yes is selected, a further question asks if this is a Michigan Relative or an Out of State placement. Further clarification is requested if Out of State is selected. The user is then taken to find provider screens. If no is selected, the user adds a placement and is taken to the unlicensed provider screen.**
6. Navigation Flow, 4th dot point, 4th line: Change 'and' to **an** (located between 'print' and 'FIA-3185')
7. Navigation Flow, 5th dot point: Delete paragraph. Replace with **There is also a Placement Data screen. The user enters placement begin and end dates, living arrangement code and fund source code.**
8. Navigation Flow, 7th dot point, 1st sentence: Change to read 'Selecting a **placement ease** and then the Payment **button process** takes....'
9. Navigation Flow, 7th dot point, 2nd sentence: Change to read '....allowed to enter a **payment** there if the'
10. 3.2 System Flow, 2nd paragraph, 2nd sentence: Change 'AWOL' to **Escape/AWOL**.
11. 3.2 System Flow: Change 'Beyond Module' to **Out of Module**.
12. 3.2 System Flow, 4th paragraph: Change 'placement' to **living arrangement**.
13. 3.2 System Flow, 5th paragraph: Delete.
14. 3.2 System Flow, 6th paragraph: Add at end '....**which is to be attached to the 5 Day Packet.**'

Placement Module Documentation

November 15, 1999

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15. 3.2 System Flow, 7th paragraph: Delete 2nd sentence.
16. 3.2 System Flow, 8th paragraph: Delete 'made' (located between 'cases' and 'in')
17. 3.2 System Flow: Add a new 9th paragraph **The 5 Day Packet is only required for foster home placements on Juvenile Justice cases.**

-
18. 3.2 System Flow, 9th paragraph: Delete 'in order' (located between 'made' and 'to')
 19. PL-1.3.1 through PL-1.3.6: Add notation that these are *display only*.
 20. PL-1.6.8.2: Add **Placement** at end.
 21. PL-1.6.8.4.3.2: Change wording to **Problems in Foster Family**.
 22. PL-1.6.8.7: Need new requirement PL-1.6.8.7.6 **Kinship Family Members** and all subsections: date, via, letter, face to face, telephone.
 23. PL-1.6.8.8: Need two additional subsections: **Description of Behavioral Characteristics and Needs, Medical/Dental/Psychological Needs and/or Files**.
 24. PL-1.6.8.8.8: Insert **medical** between 'to' and 'treatment'.
 25. PL-1.6.8.9: Need new requirement **Mechanism to enter social work contacts**.
 26. PL-1.6.8.9.2: Change to read '...were provided **during care** to the child and family.'
 27. PL-1.6.8.9.4: Change to read '...needs **still to be met and provisions for follow-up services, if any** ~~which still need to be provided to the child and family.~~'
 28. PL-1.6.10: Insert **relative** between 'unlicensed' and 'placements'.
 29. PL-1.6.15: Add **only for active cases** at end.
 30. Add new requirement: PL-1.6.16: Mechanism to print FIA-133a.
 31. PL-1.7.1.16: Add **only for active cases** at end.
 32. PL-1.8: Add **- Juvenile Justice cases only** at end.
 33. PL-1.9: Add **juvenile justice** between 'the' and 'youth's'.
 34. PL-1.10.2.1.1: Add **(foster home certified for license by other than the supervising agency)** at end.
 35. PL-1.10.2.3.2.1: Add **(relative, foster parent, child placing agency or child caring institution)** at end.
 36. PL-2.4.4: Delete this requirement. Payment must handle the 'payment end date'.
 37. PL-2.6.2.3: Change this requirement to read 'A living arrangement code of "FIA Training School" ~~or "Nokomis Challenge Program"~~ is not valid **for all juvenile justice legal statuses except 47 and 50** if the legal status is not ~~"Act 150 State Ward Delinquent"~~. (Juvenile Justice changed its policy effective 10/1/99.)
 38. PL-2.6.2.4: Change this requirement to read 'A living arrangement code of "Arbor Heights" is ~~only~~ valid for **all** legal stat statuses **except 47 through 51. 44-46, 42, 92-94 or 96**. (Juvenile Justice changed its policy effective 10/1/99.)
 39. PL-2.6.2.5: Change this requirement to read 'If the living arrangement code is "FIA Training School (~~Operated FIA~~)" ~~or "FIA Camp (Operated by FIA)"~~ and the legal status code is not **a juvenile justice legal status (except 47 and 50)** 46, 52, 92, 93, and 96, display the error messazge **"Only ACT 150, State Ward Delinquents wards active in the Juvenile Justice Program** can be placed in these facilities."
 40. PL-2.6.4.1.6: Change to 'Hispanic **or Latino Ethnicity**'.
 41. PL-2.9: Add **Foster Care** between 'If' and 'case'.
 42. PL-2.11.2: Add codes **15** and **17**.
 43. PL-2.112.1: Add code **13** and delete codes 24, 25, and 27.
 44. PL-2.20.1: Delete Legal Statuses 52 and 90-96. (The active funding determination will transfer from the foster care to the juvenile justice case.)
 45. PL-2.20.2: Add code **50**.

Placement Module Documentation

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46. PL-2.21.3: Change words 'new placement' to ***replacement***.
47. PL-2.26: Start the requirement with ***For Juvenile Justice cases***,
48. PL-3.1.1.3: Delete the words 'prior to printing the foster parent copy of the 5 Day packet.
49. PL-3.4.2: Delete. This will be handled in Payments Online!
50. PL-3.10: Corrections must allow the user to insert a new placement (if one was not included) and delete a placement entered in error (as long as no payments have been authorized).
51. PL-3.11.1: Add ***Foster Care*** between 'If' and 'case'.
52. PL-3.12.1: Add - ***Juvenile Justice cases only*** at end.
53. PL-3.13.1: Add - ***Juvenile Justice cases only*** at end.
54. PL-3.13.2.1.1.4: Reword 2nd sentence A ***family foster care*** placement is ended in the Placement section ***and a new family foster care placement is not entered***.
55. PL-4.1: Add ***and an FIA-5S to update CIS*** at end.
56. PL-4.3: Change sentence to read 'Each time ***When*** the child ***enters*** is put in a new ***family foster care*** placement,...'
57. PL-4.14.1.1 and PL-4.14.1.2: The answer to the question **DO WE NEED THIS?** Is YES.
58. PL-4.23: Delete this requirement.
59. PL-4.30 through PL-4.30.1.1: Delete. This will be handled in Payments Online!
60. PL-4.35: Add Legal Status **50**
61. PL-4.36: Delete Legal Statuses 48 and 49.
62. PL-4.39: This appears to be the same as PL-4.22.
63. PL-4.45: Change to read ***All Juvenile Justice cases requiring residential placement must be referred to the Juvenile Justice Assignment Unit. Display the message "The youth's placement must be approved by the Juvenile Justice Assignment Unit (JJAU). See HELP for referral procedures."***
64. PL-4.47: Add ***juvenile justice*** between 'the' and 'youth's'.
65. Add a requirement for ***Daily Rate*** between PL-5.1.7 and PL-5.1.8.
66. Add a requirement for ***Type of School Program*** between PL-5.1.8.2 and PL-5.1.8.3.
67. PL-5.2.3: Must allow the user to select the correct box to check. There are 5.
68. PL-5.3 through PL-5.3.9.47: This form (FIA-718) has been revised. Please see attached for correct requirements and wording.
69. Add new requirement (from Payments Online! Requirements): ***When the funding source is changed in the Placement Module, the user must be directed to end the old payment authorization and enter a new payment authorization, if appropriate.***
70. Section 8 Module Dependencies: Change the 1st paragraph to read ***"The Funding Determination Section must be completed before the Placement Section. The fund source determined in the Funding Section may be affected by the living arrangement and placement.***
71. Section 8 Module Dependencies, 2nd paragraph: Change 'placement' to ***living arrangement***.
72. Section 8 Module Dependencies, 4th paragraph: Change 'change placement' to ***affect the funding source identified in placement***.

73. Section 8 Module Dependencies, 6th paragraph: Change to read '....eligible for ***certain living arrangements; e.g., independent living, training schools, etc.***'
74. Section 8 Module Dependencies, 7th paragraph: Delete

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75. Section 8 Module Dependencies, new paragraph: ***For foster care cases, foster care event must be consistent with the living arrangement.***
76. Section 8 Module Dependencies, new paragraph: ***The living arrangement determines whether the MA case can remain open or must be closed.***
77. Delete all references to living arrangement 15 FIA Camp or Nokomis Challenge Program. (Juvenile Justice changed its policy effective 10/1/99.)
78. Attached are the original policy requirements for this module.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Phil Rock
Nancy Presocki

5.2.3 11.2.2 No AFCARS in Purpose Section Language

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: October 26, 1999

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Purpose Statements in Module Documentation

During our review of the Module Documentation Requirements, we have noticed that the Purpose statement (Introduction 1.1) says "In order to facilitate the reporting of AFCARS data elements..." This statement needs to be deleted in all modules in which it appears. Of the modules which have been reviewed to date, this statement is found in the following:

- Case Closing
- Child Information
- Comments
- Legal
- Main Menu
- Placement
- Print FIA 133a
- Report Generation

AFCARS is not the reason for developing and implementing SWSS. We should not be emphasizing the collection of AFCARS elements in any phase of the SWSS application. AFCARS is **not** SWSS's main purpose.

Please let me know if you need additional information.

cc: Carol Kraklan
Phil Rock
Sue Doby

Nancy Presocki

5.2.4 11.2.3 When to Pre-Fill Placement

From: Mary Ann Jensen
To: DSS.BUIS.CORKWELLB, DSS.BUIS.PRESOCKIN
Date: 7/13/99 2:18pm
Subject: furth_eval & placement -Reply

Response to Bonnie's clarifications and questions:

Error #3153: With Bonnie's explanation, it appears that the printing of the form is a training issue - users will have to understand at what point the form is printed. The message that the form has been printed is still needed. Many of us have disabled the Word print messages because they interfere with flowing through the app. Status (for print message) should be "2" (rather than the "1" currently recommended).

Error #3295: We now understand that the pick list in question is used only when 'prefilling from companion placement' and that the list includes only the companion cases. We further understand that the only time a user gets a choice of prefilling from members is if it is an "own home" placement. We believe it would be beneficial for the user to have a pick list which would permit prefill of any adult case member when establishing an unlicensed provider but also realize this is a major undertaking. This change does not have to occur in phase 1; however, we should not forget it as an enhancement. Status should be "4" (rather than the "1" currently recommended).

Please let me know if you need further information.

>>> Bonnie CORKWELL 07/13/99 11:58am >>>
For error#3153 - the form prints as soon as the worker finishes placement (IE click the continue button on final placement screen) as I need to be sure all current placement data is in the database. Since this is now a Word template, the worker will see a box saying "Printing page 1 of...." - do we really need another message that says it printed successfully?

For error# 3295, I've changed the wording on this box, it's sole purpose is to allow the worker to prefill from a companion case for the converted in placements. The only time a user gets a choice of prefilling from members is if it is an "own home" placement and then the worker is required to pick from the list.

CC: DSS.BUIS.LONDONS2, TOMESS, DSS.BUIS.ROCKP, DSS.BUI...

5.2.5 11.2.4 Wayne Block Grant

STATE OF MICHIGAN	
FAMILY INDEPENDENCE AGENCY P-4A	
MEMORANDUM	
To: Nancy Presocki, Manager SWSS Development Team	Date: July 6, 1999
From: Mary Ann Jensen, Consultant ^{max} SWSS Policy	
Subject: SWSS Changes for the Wayne County Juvenile Justice Block Grant	

The Wayne County Juvenile Justice Block Grant will come into being on October 1, 1999. A Service Request (#200141) has been submitted identifying changes needed to CWFIS to implement this block grant. The following items from that request are also necessary in SWSS for **Wayne County cases only**:

1. In the Foster Care Module, eliminate the payment authorization edit to permit fund source 3 authorizations. This will allow state payments for foster care board and care (FIA-626) and non-scheduled payments (FIA-634) for target Group/Legal Status codes 41 and 42.
2. In the Juvenile Justice Module, add a new edit to permit **no** new openings (defined as commitment date on or after 10/01/1999) for Target Group/Legal Status codes 40, 46 and 52.

FOSTER CARE MODULE:

In addition to change #1 above, modifications are needed in the LEGAL and PAYMENT Sections of the Foster Care Module to handle those children with dual foster care and delinquency legal statuses (TG/LS codes of 52, and 90-96). The foster care module must remain **open** for these legal statuses until one of the following occurs:

1. TG/LS 90-92: the child has been discharged from the neglect status by the court.
2. TG/LS 52, 93 and 94: the MCI ward has reached age 19.
3. TG/LS 95 and 96: the adoption has been finalized. If the adoption disrupts, the TG/LS reverts to 52 or 91 and the rules in #1 or #2 above apply.

All case management information in the foster care module must be accessible and updateable **except** for payment. At the time the TG/LS changes to a dual legal status, a pop-up message should appear directing the worker to the PAYMENT Section to close the payment authorization if one is active.

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SWSS Changes for Wayne County Block Grant
July 6, 1999
Page -2-

P-4-B

The PLACEMENT module will have to allow the recording of delinquency placements such as the Training School. The Wayne County Juvenile Agency will be responsible for placement and payments as long as the delinquency legal status is active. (The Wayne County Juvenile Agency must advise the foster care worker of all placement changes.) A pop-up message should appear after a new placement is entered which directs the worker to Medicaid if the child is not eligible to receive Medicaid while in that placement (e.g., training school).

cc: Sue London
Sue Doby
Phil Rock
Sue Tomes
Carol Kraklan

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5.2.6 11.2.5 Placement Payment – Borrowed Bed, No Contract

October 27, 1999

FAMILY INDEPENDENCE AGENCY

13A

MEMORANDUM

To: Nancy Presocki, Manager
ITMS-SWSS

Date: June 25, 1999

From: Mary Ann Jensen, Manager
SWSS Policy

Subject: Provider/Placement/Payment-Misc.

This memo is to clarify the discussion at the above meeting regarding Placement and Provider in SWSS.

1. CPA's do borrow beds from other CPA's. Placement will need to pop up the box regarding a borrowed bed each time the foster home button is selected. Provider will need to accommodate the selection of a CPA and a FH, which has been certified by another CPA. The worker should not be taken back to placement and then back to provider to select the FH. This is too cumbersome. The CPA, which is selected first, is the provider who will receive payment and the worker will need to select a program/service code for the CPA. The ability for FIA to borrow a home already exists within SWSS.
2. CPA's do supervise placements where there will be no FH selected. The situation are when the child is placed in Independent living (07), an unlicensed unpaid relative (02), own home placement, (01, and 03) and an adoptive placement (04). Placement will pass this information on to provider.
3. A child may be placed with a CPA for supervision even though the CPA does not have a contract with FIA (provider eligibility 65 and 66). The worker must be able to reflect the actual placement. Payments will not be made until the worker has approval from Central Office and a rate is established for the provider on MPS (provider eligibility 63 and 64). The worker will need to make a correction to "delete" the placement and add a new placement to generate a 626.
4. When entering a CPA supervised placement within SWSS the worker must know the FH. SWSS must not allow a CPA supervised FH placement without the worker selecting a FH.
5. Placement should not edit living arrangement and foster care event. A message should tell the worker that the combination is invalid and s/he should go to Child Data and

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fields. This will make it easier for the worker to enter a new placement.

138

6. Until such time that SWSS has an electronic interface with CWFIS, the Legal Status and Funding Source fields will need to have a date stored with the field each time it changes (transaction date or effective date?). Funding Source will no longer need to be a correctable field. This is necessary to allow workers to generate a valid 626 for previous placements within SWSS.
7. The Initial Funding Determination can be changed for up to 30 days after placement. The worker must be able to correct the Initial Determination for up to 6 months or prior to the first Redetermination.

Please contact me at 3-2084 if you have any questions.

Thank you for your time and attention to this matter.

cc: Sue London
Sue Doby
Sue Tomes
Phil Rock
Tom Thelen
Carol Kraklan

5.2.7 11.2.6 CPA Supervision of Own Home Placement

/ 5

From: Mary Ann Jensen
To: DSS.BUIS(CORKWELLB), KRAKLANC2
Date: 6/22/99 10:17am
Subject: placement -Reply -Reply -Reply -Reply

Is this a situation where the CPA is supervising the own home placement? In that case, there would be a MPS provider number for the CPA, BUT we would not be making a payment. Are we capturing the CPA supervision any place else? Do we need to meet?

>>> Carol Kraklan 06/22/99 09:19am >>>

Mary Ann, a case has converted into SWSS with a living arrangement of 01 with an MPS provider. I say Bonnie should overwrite it. What do you think?

>>> Bonnie CORKWELL 06/22/99 08:44am >>>

Yes it is a converted case. Any ideas on how I should handle this, I'm thinking about it but haven't come up with a good solution yet. I'm thinking if LA is 01, I'll just take them to the unlicensed screen. But then I have the problem of the fact that the MPS provider ID has been associated with that placement, which I can overwrite it but is that a good thing to do?

5.2.8 11.2.7 CPA Borrowed Beds

14

From: Mary Ann Jensen
To: DSS.BUIS(CORKWELLB), KRAKLANC2
Date: 6/7/99 9:48am
Subject: placement & picking a provider -Reply -Reply

Yes, placing agencies can, and probably do, borrow beds from other agencies or FIA.

>>> Carol Kraklan 06/07/99 08:39am >>>
Mary Ann, do placing agencies borrow homes from each other?

>>> Bonnie CORKWELL 06/05/99 12:29pm >>>
Andi logged this one and I know that provider doesn't work the way she's trying to make it work. She wanted to use a CPA (Lutheran - 6358452) but then choose a foster home (Yvonne Daughtervon - 6379381) that has been certified by a different CPA (Wedgwood). If picking Lutheran, than Yvonne doesn't show up when clicking on the foster home button to show available foster homes. If she selects the foster home directly from foster home list, then Wedgwood shows up as the certifying agency. Should she be able to do what she's trying to do?

5.2.9 11.2.8 Youth AWOL – Fund Source, Security Level Check?

P-16

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB)
Subject: AWOL/Escape placement & 5s -Reply -Forwarded -Reply

No, he does not.

>>> Bonnie CORKWELL 05/28/99 02:29pm >>>
If the youth is AWOL, does Virat need to check for funding source and security level? Currently, I don't write anything into those fields if LA is 20.

5.2.10 11.2.9 Placement Address Not Pre-fill With Child's Address

P-15

From: Mary Ann Jensen
To: DSS2.CFS1(KRAKLANC2), DSS.BUIS(CORKWELLB)
Date: 5/28/99 10:27am
Subject: placement error 2946 -Reply -Reply -Reply

Bonnie,

Carol and I have talked. We think this address should not prefill from the child's address. The child's address could still be the family home address which came over from CPS or the FIA (or placing agency) address or a prior placement address. There are too many chances that the address is incorrect and would not be updated to permit the prefill.

>>> Bonnie CORKWELL 05/27/99 08:44am >>>
good point, I hadn't thought of that. Let me know if I should remove or 1 it; it's a quick fix so I don't care either way.

5.2.11 11.2.10 All Placement data entered Regardless of TG/LS

P-14

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB)
Subject: placement and LS 50 & OTI cases -Reply

Yes. CIS always requires an address, Placement begin date and living arrangement for services cases.

>>> Bonnie CORKWELL 05/24/99 12:23pm >>>

Do I have this correct, all placement data needs to be entered regardless of legal status? Thanks.

5.2.12 11.2.11 AFCARS for Specific Living Arrangements

P-13

From: Carol Kraklan
To: DSS.BUIS(KhandalkarV)
Subject: 5S -Reply -Reply -Reply

We need the AFCARS info sent in the last e-mail for living arrangements 01, 02, 03, 04, 22 and 23.

An address is required for all living arrangements except 20.

A name is required for all living arrangements except 07.

The placement specifications that Bonnie has, includes what information is required for each living arrangement.

>>> Virat Khandalkar 05/19/99 10:13am >>>

What about the Provider Address for LA = 02 and for other LA (03,04,12,16,20,22 and 23) what's all Provider Info we need?-

Thanks,
Virat

5.2.13 11.2.12 Alpha Sort of Providers

P-12

From: Carol Kraklan
To: DSS.BUIS(REDMANS)
Subject: Log ID 2612 -Reply

Yes, you are correct, sort by county first, then alpha. We non-techies can't handle numeric sorts. We need alpha so we can sing our A B C's each time.

>>> Steve REDMAN 05/14/99 12:13pm >>>
Greetings, Carol.
Provider.

The message says "Sort by provider# not alphabetically"

The sort is provider# within county.

I'm not certain if the message identifies a problem or a solution.

How would you like them to be sorted?

I think it is good to have them grouped by county first.

Thanks. Steve.

Also, Provider problem log ID# 2614. I believe that it is programmed the way I was directed. I believe that may even be in specifications. But if that should be different, please let me know. Carolyn Snyder may want to be involved if there is a change. Thanks.

5.2.14 11.2.13 OTI Cases Within SWSS

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

P-3-A

MEMORANDUM

To: Nancy Presocki, Manager
ITMS-SWSS

Date: April 22, 1999

From: Mary Ann Jensen, Manager
SWSS Policy

Subject: OTI Cases within SWSS

Michigan is not required to report AFCARS for OTI cases. This is the responsibility of the sending state. OTI cases are legal status 47-Juvenile Justice, 48-Neglect (foster care) and 49-Adoption. The current screens within SWSS contain AFCARS elements. Depending upon the type of case, many of these fields are not required, but it would be difficult if not impossible for workers to differentiate between fields that are required and fields that are not required. The policy office believes that unnecessary fields within SWSS should not display on the screen. In order to make the process easier for workers we are asking that the following field not display on the screens for OTI cases.

Child Data

- Native American Question, and Tribal Information
- Previously Adopted
- Birth Certificate Received or Applied For (Already taken off)
- Social Security Card Received or Date Applied (Already taken off)
- Bio-mother and father unknown and No Known Relatives

Member Information

- Governmental Benefits
- Mother Married at the Time of Birth
- At the time of initial removal, was child living with this person?
- Primary and Secondary Caretakers and Caretaker Family Structure
- Did this person have legal custody of the child before removal?

Legal

- Removal Conditions button should be grayed out
- Only required element is Legal Status (Already works this way)
- Funding Determination questions are not asked for any OTI case (Already works this way)
- JJ-Next Hearing Date-Edit is now requiring this even for OTI cases

Placement

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- view Removal Conditions button
- "Is Family receiving FIP for the child?"
- JJ-Initial Security Level and Override Question and Reasons

P-3-B

Thank you for your time and attention to this matter. Please contact me if you have any questions.

cc: Sue London
Sue Tomes
Phil Rock
Carol Kraklan

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5.2.15 11.2.14 Release/Discharge Worker Enters Date Rather than
Default

P-11

From: Mary Ann Jensen
To: DSS.BUIS (REDMANS), KRAKLANC2
Date: 4/19/99 1:14pm
Subject: Problem ID #824 -Reply -Reply

I agree. I think the worker should enter the date.

>>> Carol Kraklan 04/19/99 09:08am >>>
I believe this should be a box that the worker must fill out by hand.
Preshant's code is prefilling this box with the child's 18th birthday, but I
don't believe this is a valid date for the majority of our cases.

What do you think Mary Ann?

>>> Steve REDMAN 04/19/99 08:50am >>>
Approximate date ward will be released/discharged? The date in the box is
prefilled with 02/12/2013-Where did this date come from, why do we fill in
box?

Carol, should we interpret this as specific instructions not to prefill this
box?

Thanks, Steve.

5.2.16 11.2.15 Once Former ADC Eligible Always Eligible

P-10

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB), JENSENM2
Subject: - placement & former ADC elig (error #2106) -Reply -Reply -Reply

No, I believe that answered the question.

>>> Mary Ann Jensen 04/12/99 04:41pm >>>
If the child is found to be former ADC eligible, this status does not change as long as the child remains in out of home care and the ADC deprivation requirement is met. The funding source can change based on the placement's eligibility for Title IVE funding, any court order issues or if deprivation no longer exists in the home from which the child was removed. Thus, if a case converts into SWSS with an eligibility of 13, we assume that the child was always former ADC eligible during the month when the petition for removal was filed.

Does this help? Or did I confuse the issue more?

>>> Carol Kraklan 04/12/99 04:29pm >>>
Mary Ann, correct me if I am wrong, but if the child is found to be former ADC eligible in the Initial funding, s/he is always former adc eligibile. The funding source can change? Therefore, if a case converts into SWSS with an eligibility of 13 we assume that the child is always former adc eligible?

>>> Bonnie CORKWELL 04/12/99 04:25pm >>>
Is there a time limit on assuming the child was elig. for former ADC? If adding a new placement, does the edit take effect?

5.2.17 11.2.16 Independent Living – Name and Address on Form

P-9

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB)
Subject: - one more question -Reply

Youth's name and address.

>>> Bonnie CORKWELL 04/12/99 09:51am >>>

On forms that have the placement name/address, if the youth is in Independent Living, should we show the youth's name & address or just the address?

October 27, 1999

5.2.18 11.2.17 Screen/Pick Box Changes

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

P-2

MEMORANDUM

To: Nancy Presocki, Manager
SWSS Development Team

Date: March 1, 1999

From: Mary Ann Jensen, Manager
SWSS Policy

Subject: Screen/Pick Box Changes

We have noted that in several areas the 'pick box' selections need to be expanded. To date the following areas have been identified:

Education: Listing of schools requires addition of the following options:
Out of State Public School
CCI Operated On-grounds School

Child Info, Member Info, Provider Family Info: "Unknown" need to be added to the Religion pick list.

Instead of having the questions on Tribal Documentation and Tribe appear on the Registration and Child Information (2 of 3) screens. These questions should "pop-up" if (one of) the race code(s) entered is American Indian/Alaskan Native. The question "Has the question been asked" should remain on the screens. This should relieve some of the 'clutter'.

Please let me know if you need additional information. Thank you.

cc: Sue London
Phil Rock
Carol Kraklan
Sue Tomes

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5.2.19 11.2.18 Memo on List Boxes –Alpha Rather than Numeric
Sort

P-8

From: Mary Ann Jensen
To: DSS.BUIS.PRESOCKIN
Date: 2/18/99 9:47am
Subject: Memo on List Boxes

This is to further clarify the memo on List Boxes. The only list where the alpha identifier is needed rather than the numeric code is the County List.

Sorry for the confusion.

CC: KRAKLANC2, DSS.BUIS.LONDONS2, TOMESS

5.2.20 11.2.19 ASSIST vs. CIS Living Arrangement

P-7

1-23

From: Carol Kraklan
To: DSS.BUIS.HADICKM3
Subject: What's the deal on JJ stuff with the 133 -Reply

Living Arrangement on the 133 is the ASSIST living arrangement and has nothing to do with the CIS living arrangement codes. Fill all programs, FC, JJ and Adopt. with CFC living arrangement on the 133. The other ASSIST living arrangement codes do not make sense for these programs.

>>> Mickey Hadick 01/28/99 02:12pm >>>
"... For error#522, converted log 51174, the living arrangement is 13 (Private Child Care Institution) and "CFC" prints on the 133. Carol Slottke is objecting."

I'm jamming CFC into the living arrangement all the time on the 133. Is that right? even for adoption and Juvenile Justice.

CC: SLOTTKEC

5.2.21 11.2.20 Foster Care and JJ Action Summary

October 27, 1999

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

1-9

MEMORANDUM

To: Nancy Presock, Manager
SWSS Project

Date: December 29, 1998

From: Mary Ann Jensen, Manager
SWSS Policy

Subject: Foster Care and Juvenile Justice Action Summary

Due to recent changes in policy, it has become necessary to make changes to the Action Summary within SWSS. Attached is a copy of the Action Summary with changes made in red.

These changes will also address the questions raised by Wayne County and enable them to substitute the SWSS Action Summary for the SDM Action Summary.

Please contact me if you have any questions and thank you for your attention to this matter.

cc: Sue London
Sue Tomes
Carol Kraklan

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Foster Care (Delinquency) Action Summary
Family Independence Agency

Type of Action (Check one)

Child Replacement _____
Parent Move _____
Caseworker change _____
Termination of Family Foster Care Placement _____

Effective Date: 01/01/1997

Child Information

Name: _____
Sex: M _____ F _____ Race: _____
DOB: _____

FIA Case Number: _____
Docket Number: _____
Funding Source: (Alpha)

(Former) Caseworker's Name: _____ Load #: _____ Phone #: (999) 999-9999

New Caseworker's Name: _____ Load #: _____ Phone #: (999) 999-9999

Parent Move Summary

Name: _____
Prior Address: _____
Street, Box, and/or Apt. _____
City, State, Zip Code _____

New Address: _____
Street, Box, and/or Apt. _____
City, State, Zip Code _____

Old Telephone: (999) 999-9999

New Telephone: (999) 999-9999

Child Move Summary

Caretaker(s) Name: _____
Moved From: _____
Street, Box, and/or Apt. _____
City, State, Zip Code _____

Caretaker(s) Name: _____
New Address: _____
Street, Box, and/or Apt. _____
City, State, Zip Code _____

Phone: (999) 999-9999

Phone: (999) 999-9999

HH#: _____
MPS Provider #: _____
Complete section A or B*

HH#: _____
MPS Provider #: _____

A: Foster Care continues to be appropriate for the following reason(s):
(Check as many as apply)

____ Child remains at risk if returned to the parental home
____ No interested relatives for placement
____ No appropriate relative placements

B: Reason for replacement or termination from foster care:
(Check as many as apply)

Requesting the move: _____ Agency _____ Foster Parent _____ Child _____ Court

Planned Move, at least 72 hours notice to the foster family and the child: (unless Court ordered)

Unplanned move: _____ (Can only be Foster Parent request and/or CPS complaint)

____ Behavioral problems of child
____ Emergency or temporary placement
____ Residential Placement
____ Independent Living

____ Foster Parent crisis
____ Placement with relatives
____ Return home
____ AWOL

SWSS Project
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☐ Placed in adoptive home
☐ Complaint against foster parent/Caregiver--Agency investigation (Check at least one)
CPS Investigation: _____ Licensing Investigation: _____
☐ Unsuitable relative home
☐ Other _____

Replacement preparation and/or termination appropriate to the child's capacity to understand; give a description on how the worker prepared the child and foster parent for the move:

If the child was not placed with siblings, explain why: _____

Information related to the care and supervision of the child or termination was shared with:

<input type="checkbox"/> Mother:	Date: 01/01/1997	via: <input type="checkbox"/> letter	<input type="checkbox"/> face to face	<input type="checkbox"/> telephone
<input type="checkbox"/> Father:	Date: 01/01/1997	via: <input type="checkbox"/> letter	<input type="checkbox"/> face to face	<input type="checkbox"/> telephone
<input type="checkbox"/> New Care Giver:	Date: 01/01/1997	via: <input type="checkbox"/> letter	<input type="checkbox"/> face to face	<input type="checkbox"/> telephone
<input type="checkbox"/> FIA/Referring worker:	Date: 01/01/1997	via: <input type="checkbox"/> letter	<input type="checkbox"/> face to face	<input type="checkbox"/> telephone

Information shared new Care Giver(s) includes: (Check as many as apply)

<input type="checkbox"/> Assigned caseworker	<input type="checkbox"/> School records
<input type="checkbox"/> Reason(s) child removed	<input type="checkbox"/> Behavior management
<input type="checkbox"/> Case plan	<input type="checkbox"/> Visitation expectations/schedule
<input type="checkbox"/> Description of behavioral characteristics and needs	<input type="checkbox"/> Consent to treatment card
<input type="checkbox"/> Medical/Dental/psychological needs	<input type="checkbox"/> School enrollment form
<input type="checkbox"/> Interactions with parents/siblings	<input type="checkbox"/> Medical files
<input type="checkbox"/> Abuse/neglect history	

For Termination of Family Foster Care Placement OR Case Closure

1. Reason for closure

2. Summarize services that were provided to the child and family: _____

3. Summarize services currently being provided to the child and family: _____

4. List services and needs to still need to be provided to the child and family: _____

5. Medical information to be given to parents or next provider: YES ☒ NO ☐ boxes, plus room for narrative

6. Unplanned termination of family foster care placement; give specific reasons for change of placement and why it was unplanned:
If termination is unplanned, summarize the reasons and circumstances surrounding the termination.

7. Was termination or closure explained to all parties? YES ☐ NO ☒

FIA Foster Care Worker: _____
Foster Care Supervisor: _____

Date: 01/01/1999
Date: 01/01/1997

5.2.22 11.2.21 No Begin Date on Converted Cases Use Correction to Add

PC

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB)
Subject: placement question -Reply

No, I would have them go through corrections.

>>> Bonnie CORKWELL 12/19/98 05:08pm >>>
I can't remember if I asked this, and I've empty my outbox & trash, but for those converted placements that have no begin date (hopefully we'll get conversion fixed but just in case one slides in) should I allow entry into the placement begin without going through corrections?

5.2.23 11.2.22 School and Placement Match-up on Form

P5

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB)
Subject: youth placement/education output -Reply

Yes, they are supposed to match up.

If you want to meet on this let me know. Thanks.

>>> Bonnie CORKWELL 12/19/98 10:24am >>>
I don't think I'm doing this form correctly, or maybe I don't understand it. Right now I'm just printing a placement record and then an education record; I've sorted each type by date and then just take the first of each and print it, then take the next of each and print. Are these suppose to match up - during this placement, the child was in this school? Thanks.

5.2.24 11.2.23 Independent Living Youth Moves

20

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB)
Subject: Independent living -Reply

This is not a new placement it is a new address.

Yes, I can meet tomorrow before 10:00 or after 3:00 and on Wednesday anytime.
Let me know what works for you.

>>> Bonnie Corkwell 06/15/98 02:39pm >>>
When a child in independent living, moves to another address, is this a new
placement or just an update to his/her address?

Sometime this week, may we get together and talk about order types in legal.
I'm wondering if there is any way to get the codes between CFC and JJ to be
the same for those that have the same meaning.

Thanks.

5.2.25 11.2.24 Only AWOL Can Be Entered Without New Placement or Correction

18

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB)
Date: 6/1/98 12:44pm
Subject: placement -Reply

It was definitely too much excitement for me also. I NEVER want to go through that again!!!!

The only living arrangement code that the worker should be able to enter without doing a new placement or going through the corrections process, is AWOL. Otherwise, even for the current placement the worker should go through corrections due to the data dependencies (CIS edits) for living arrangement.

Workers should be able to change the funding source for the current placement but that could directly effect the payments so maybe a reminder to the worker that they need to look at payments if they change the funding source code. (Funding source is also dependent on Eligibility.)

For both living arrangement and funding source historical placements should go through corrections.

I hope that answers your question, if it does not let me know.

>>> Bonnie Corkwell 06/01/98 12:07pm >>>

I hear you had an exciting morning yesterday on the boat. It sounds like more excitement than I would appreciate.

The corrections packet states that living arrangement is a field to change via corrections. Should a worker be able to change living arrangement and funding source for the current placement without going thru corrections? I'm coding for AWOL and currently have that field disabled. Thanks.

5.2.26 11.2.25 No Placement Without Initial Funding

17

From: Carol Kraklan
To: DSS.BUIS (CORKWELLB)
Subject: placement -Reply

No, it is the same for both programs. You can NOT do a placement until an initial funding determination is done.

>>> Bonnie Corkwell 05/21/98 12:54pm >>>

In Juv.Justice, it says they can't do a placement if initial funding determination hasn't been done but that isn't in the FC requirements, is it different between the 2 programs? Thanks.

5.2.27 11.2.26 Definition of AWOL


STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

P/cmt. 102

MEMORANDUM

To: Fred Wollmer

Date: September 29, 1997

From:  Mary Ann Jensen

Subject: Definition of AWOL for Reporting and Information System Purposes

This is to confirm the agreement reached last week regarding reporting of AWOL's on the information systems. The following is my understanding of the clarified policy:

- AWOL's (escapes, trancies, etc.) are to be reported to the local office case manager within 24 hours of the occurrence.
- They are to be recorded on the information system, at this point CIS/CSMIS, with the date of the actual occurrence.
 - We will change the Living Arrangement definition of AWOL to read: "The youth is absent from an approved placement due to escape, truancy, etc. The date the placement changed is the date the youth left the approved placement."
- Payments to foster parents and private child caring institutions may be processed for a 5 day bed hold in accordance with SM Item 903.7.
 - We will revise this item to clarify that a non-scheduled payment will be necessary to pay for the bed hold.
 - The statement "for reporting purposes, placement covered under this policy shall be considered to remain intact during the period payment is continued" will be deleted.

Please let me know if this is your understanding.

cc: Helen Weber
Knud Hansen
Bill Dodge
Tom Thelen
Mary Jenkins
SWSS Development Team

5.2.28 11.2.27 JJ Placements

October 27, 1999

10
From: Carol Kraklan
To: DSS.BUIS.CORKWELLE
Subject: JJ Placement

In a JJ placement if a worker makes a "foster home" placement for the first time, we must edit to make sure they enter the information for the 5 day packet. A "foster care" placement is defined as:

02-Relative
05-Foster Home
08-Group Home (If not deleted from CARES)
09-Shelter Home if 4-6 kids
23-Out of State Relative
24-Out of State F.
25-Out of State Placing Agency
27-Out of State Licensed Relative

Let me know if you have any questions, Mary can also answer them. Thank you.

CC: DSS.BUIS.HADICKM

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: December 9, 1999

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 3

Further discussions with development staff and review of the tracking document have led to the need to clarify the November 15 and 22, 1999 and December 6, 1999 memos on this subject. We believe the following requirements need revision:

1. PL-1.6.7.1 needs to be changed to read: "~~Initial~~ **Current** security level (~~see data elements description section of this document for possible values~~) : ***data elements are Community Based, Low, Open Medium, Closed Medium and High.***"
2. PL-1.7.1.10 is not necessary and must be deleted.
3. PL-1.7.1.20 is not necessary and must be deleted.
4. A new requirement is needed: Access to the 'Type of Provider' (or select provider) screen must be available for Legal Statuses 43 and 49, including cases converted with these legal statuses. The user must be able to select whether the adoptive placement is supervised by FIA or a CPA and, if a CPA, which one. The four radio buttons (FIA, Private Agency, Tribal Agency and Birth Parent) after adoptive placement on the screen are not needed and must be removed.
5. PL-2.23.1 needs to be changed to read: "... 'Detention', '***Jail***' or 'Training School'."
6. PL-4.1 needs to be changed to read: ".....the user must ***receive a message reminding him/her to*** complete"
7. PL-4.2 is not needed and can be deleted.
8. PL-4.3 needs to be changed to read: ".....the user must ***receive a message reminding him/her to*** complete"

Please let me know if you need additional information.

cc: Carol Kraklan

Sue Doby
Phil Rock
Nancy Presocki

5.2.30 11.2.29 Placement Module Documentation - Addendum 4

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: January 5, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 4

Further discussions with development staff and review of the tracking document have led to the need to clarify the November 15 and 22, 1999 and December 6 and 9, 1999 memos on this subject. We believe the following requirements need revision:

9. A new requirement is needed: PL-?.?.? When a JJ case is placed in family foster care (LA 05), a message must display reminding the user to complete the foster parent copy of the 5 Day Packet and attach an FIA-3185.
10. A new requirement is needed: PL-1.5.1.2: If placement is in 'own home', the user must be given a list of members with the relationship code of 'AP', 'BP' or 'ST'.
11. A new requirement, adapted from PA-3.5.3, is needed: When a placement is stored, the legal status, living arrangement and funding source must be stored with it.
12. PL-2.15.2 is a duplicate of PL-2.6.2.2. PL-2.15.2 can be deleted.
13. PL-2.16 is a duplicate of PL-2.6.2.1. PL-2.16 can be deleted.
14. PL-2.19.1 needs to be revised to state: If the override reason is 15 or 40, the final security code must be specified.
15. PL-4.22 needs to be modified: Add at the end "...except OTI and PSI cases."
16. PL-4.48 is a duplicate of PL-4.5. PL-4.48 can be deleted.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Phil Rock
Nancy Presocki

5.2.31 11.2.28 Placement Module Documentation - Addendum 5

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: January 13, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 5

Further discussions with development staff and review of the coding have led to the need to clarify the November 15 and 22, 1999, December 6 and 9, 1999 and January 5, 2000 memos on this subject. We believe the following requirements need to be added to support the coding:

17. A new requirement is needed: PL-?..? The funding source must be edited based on the type of provider as follows:

- If the provider is a Child Welfare licensed provider, the fund source must be "2", "3", "4" or "5".
- If the provider is an unlicensed relative, including an unlicensed relative supervised by a private child placing agency, the funding source cannot be "2".
- If the provider is an Insurance/MA provider, the funding source cannot be "2" or "5".
- If the provider type is 'independent living', the funding source cannot be "2".
- The only time the provider type 'independent living' can be used with fund source "5" is if the legal status is "51".
- The reference to funding source "7" must be deleted. There is no funding source "7".

18. A new requirement is needed: PL-?.?.?: The funding source must be edited based on the legal status of the child/youth as follows:

- Any legal status can have fund source “6”.
- If the fund source is “5”, the legal status must be “40”, “41”, “42” or “51”.
- If the fund source is “4”, the legal status must be “44”, “45”, “46”, “52”, “92”, “93” or “94”.
- If the fund source is “3”, the legal status must be “40”, “41”, “42”, “43”, “47”, “48”, “50”, “51”, “90”, “91”, “92” or “93”.
- If the fund source is “2”, the legal status must be “40”, “41”, “42”, “44”, “45”, “46”, “52”, “90”, “91”, “92”, “93” or “94”.
- If the fund source is “1”, the legal status can **not** be “41”, “44”, “91”, “93” or “94”.

Please let me know if you need additional information.

cc: Carol Kraklan Sue Doby Phil Rock Nancy Presocki

5.2.32 11.2.28 Placement Module Documentation - Addendum 6 -
REVISED

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: March 14, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 6 - REVISED

Further discussions with development staff and review of the coding have led to the need to clarify the November 15 and 22, 1999, December 6 and 9, 1999 and January 5 and 13, 2000 memos on this subject. The following requirements need to be added:

19. A new requirement is needed for the Unlicensed Provider screen:

- ~~If the provider is selected from the Member List, the data entered in the Member Module cannot be changed in the Placement Module. It must be changed in the Member Module.~~
- If the family structure selected is "0" (not applicable), the user cannot select a person from the Member List.
- If the family structure selected is "0", no entry is to be allowed in the First Name, Middle Initial, date of birth, male/female, race or Hispanic/Latino Ethnicity fields.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Phil Rock
Nancy Presocki

5.2.33 Addendum 7

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: April 14, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 7

Further discussions with development staff and review of the coding have led to the need to clarify the November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000 and March 14, 2000 memos on this subject. The following requirements need revision:

20. PL-1.7.1.18 must be changed to state "Adoptive parent(s)' data (allow for ~~entry~~ **display** of two parents):
21. PL-2.5 must be changed to delete '....~~unless the current placement's living arrangement is "Escaped/AWOL".~~'
22. PL-2.5.1 can be deleted.
23. PL-2.22.7 must be revised to state "**Adoptive parent information must be obtained from the Member Section. If the information is not there, a message must appear telling the user the placement information can not be added until the Adoptive parent information is included in the Member Section.**"
24. PL-2.22.7.1 through PL-2.22.7.7 can be deleted.
25. PL-2.22.10 can be deleted.
26. PL-2.26 can be deleted.
27. PL-4.14 must be changed to state "~~Youth has escaped from a placement:~~ **If the new living arrangement is "20", the following description (name) of the living arrangement is to be used:**"
28. PL-4.14.1 must be changed to state "~~Update the current placement's living arrangement code to "Escape if it is a JJ case or "AWOL" if it is a CFC case.~~"
29. PL-4.14.1.1 must be changed to state "**If the JJ youth's previous placement was not his/her is absent from any placement except own home,.....**"
30. PL-4.14.1.2 must be changed to state "**If the JJ youth's previous placement was is absent from his/her own home placement,.....**"

- 31. PL-4.14.2 through PL-4.14.4 can be deleted.
- 32. PL-4.47 must be changed to state “.....display the screen of items **needing documentation as a reminder** ~~to be done~~ every time placement is accessed until **the AWOL/Escape living arrangement is ended** ~~all actions have been completed.~~”

Placement Addendum 7
April 14, 2000
Page –2-

- 33. Add a new requirement **PL-2.3.1(?) There must be no missing days when ending one placement and beginning another unless the case has been closed and then reopened at a later date.**
- 34. MA-3.11 contains a “Placement/Tickler REQUIREMENT: if the youth is in detention and is either registered for MA or has an open MA case, the worker should be reminded after thirty (30) days to withdraw/close the MA case.” This requirement must be included in the Placement module documentation.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Phil Rock
Nancy Presocki

5.2.34 Addendum 8

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: May 11, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 8

Testing of the application and discussion with development staff have led to the need to clarify the November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000 and April 14, 2000 memos on this subject. The following requirement is needed:

35. A new requirement(s) is/are needed in PL-1.10.2.???: Relative Home

- If this placement is selected, a question must appear regarding whether or not the relative home is licensed.
- If the home is licensed, the user must select the home from Provider (same process as a foster home).
- If the home is not licensed, the questions in PL-1.10.2.3 through PL-1.10.2.3.2.2 must appear and the 'unlicensed provider' process used.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Phil Rock
Nancy Presocki

5.2.35 Addendum 9

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: June 15, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 9

It is necessary to amend the Placement Module Documentation Memos of November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000, April 14, 2000 and May 11, 2000. After focussed testing and discussion with development staff, it was noted that the following clarifications are needed:

1. Add a new requirement: A Child Placing Agency (CPA) cannot supervise a child in a Child Caring Institution or an Insurance/MA provider
2. Add a sub-requirement to #1 above: If the case is a children's foster care case and the case county is Wayne, this requirement does not apply. However, payment is not to be authorized to the CPA.
3. PL-2.22.9 must be revised to state "..... adoption' **or OTI adoption.**"

Please let me know if you need additional information.

cc: Carol Kraklan
Phil Rock
Sue Doby
Nancy Presocki

5.2.36 Addendum 10

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: June 22, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 10

It is necessary to amend the Placement Module Documentation Memos of November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000, April 14, 2000, May 11, 2000 and June 15, 2000. After focussed testing (SER's #431 and #457) and discussion with development staff, it was noted that the following clarification is needed:

4. Add a sub-requirement to PL-1.1.1: For converted cases display only for the most recent converted placement and all subsequent placements. Do not display for the converted placement history.
5. PL-1.1.7 must be revised to state "Indicator to specify if payment ~~authorization~~, FIA626, has been **authorized** printed. ~~Note: when interface to MPS is done, this will need to reflect that an authorization has been done and the payment amount of the authorization.~~
6. Add a sub-requirement to PL-1.1.7: For converted cases, display the authorization indicator (if there is one) only for the most current converted placement. Do not display payment authorization indicators for earlier converted placements.

Please let me know if you need additional information.

cc: Carol Kraklan
Phil Rock
Sue Doby
Nancy Presocki

5.2.37 Addendum 11

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: August 31, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 11

It is necessary to amend the Placement Module Documentation Memos of November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000, April 14, 2000, May 11, 2000 and June 15 and 22, 2000. After focussed testing (SER's #673, #746, #1018, #1031, #1136 and #1165) and discussion with development staff, it was noted that the following clarifications are needed:

7. Add a new requirement: PL-4.? For cases which convert with a provider number but no service code for the current placement, the placement panel for the CCI or CPA must allow selection of a service code from the specific provider's pick list.
8. Add a new requirement: PL-4.? If there is an active payment authorization and the user updates the placement or the funding source, s/he must be taken directly to payment upon selecting 'continue' from the placement module.
9. Add a sub-requirement to #2 above: PL-4.?.1 If the update is a placement change from one foster home to another under the supervision of the same private child placing agency, do not implement this requirement.
10. Add a sub-requirement to #2 above: PL-4.?.2 Before implementing this requirement, display a message stating "Accessing the payment module since the payment authorization requires modification or termination."
11. PL-4.27 can be deleted.
12. PL-3.10 through PL-3.10.3 must be moved to PL-4.? through PL-4.?.3.
13. Add a sub-requirement to #6 above PL-4.?.4 "The user must be able to perform these functions on a registered case without being in the corrections mode."
14. PL-2.23 must be modified to state ".....the user must **be asked if s/he wants to** complete the FIA-767...."
15. PL-2.23.1 must be modified to state " The FIA-767 is not required ~~for living arrangements~~ **"Detention", "Jail", or "Training School. The message should state**

“Do you want to complete the FIA-767, Conditions of Placement?” with ‘Yes’ or ‘No’ selection buttons.”

16. Add a sub-requirement to PL-2.23: PL-2.23.2 If the youth is required to register as a sex offender, display a message that “The youth is a sexual offender and must register with the local police department since placement has changed.” (This was previously an out of module requirement LE-3.7)

Placement Module Addendum #11

August 31, 2000

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17. PL-4.3 must be modified to state “When the child ~~enters a new~~ **moves from one family foster care placement to another (child replacement) or leaves a family foster care placement for any other non-family foster care placement (termination from foster care)**, the user must receive a message reminding him/her to complete an FIA-69, Foster Care Action Summary.”
18. PL-3.13.2.1, PL-3.13.2.1.1 and PL-3.13.2.1.1.1 must be moved to become sub-requirements under PL-4.3.
19. A new sub-requirement for PL-4.3 is needed: PL-4.3.? “The FIA-69, Foster Care Action Summary, is not to be used if the placement ‘change’ is the addition of the child’s first placement (i.e., there is no out of home placement history for the current case).”
20. PL-4.53 must be modified to state “When a ~~child H-case~~ **child H-case** is placed in family foster care (LA 05) **or moves from one foster home to another**, a message.....” (This was an out of module requirement: PL-3.1.1.)
21. PL-4.33, PL-4.33.1, PL-4.34 and PL4.34.1 can be deleted. These requirements are now handled in the FIA-5S module.
22. Add a sub-requirement to PL-4.46: PL-4.46.1 If the living arrangement is 01 (own home, 03 (legal guardian) or 22 (out of state parent) and if the Medicaid case is registered or open, display a message that “Medicaid must be withdrawn/closed.” This was an out of module requirement: MA-3.6 and MA-3.9.)
23. Add a sub-requirement to PL-4.46: PL-4.46.2 If the living arrangement is outside the state of Michigan (LA 23 – 27), is funded with Title IVE (FS 2) and if the Medicaid case is registered or open, display a message that “Medicaid must be withdrawn/closed.” This was an out of module requirement: MA-3.7.)
24. Add a sub-requirement to PL-4.46: PL-4.46.3 If the living arrangement is 02 (relative) who is receiving FIP for the child and if the Medicaid case is registered or open, display a message that “Medicaid must be withdrawn/closed.” This was an out of module requirement: MA-3.8.)
25. The following Out-of Module requirements are contained in the appropriate modules and can be deleted:
- | | |
|-----------------------------|-----------------------------|
| PL-3.1 through PL-3.1.1.4 | PL-3.3 through PL-3.3.5 |
| PL-3.4 through PL-3.4.6 | PL-3.5 through PL-3.5.2 |
| PL-3.6 through PL-3.6.1 | PL-3.7 through PL-3.7.1.3.1 |
| PL-3.8 through PL-3.8.1 | PL-3.11 through PL-3.11.1 |
| PL-3.12 through PL-3.12.1.2 | PL-3.14 through PL-3.14.1 |

Please let me know if you need additional information.

cc: Carol Kraklan
Phil Rock
Sue Doby
Nancy Presocki

5.2.38 Help Messages Memo

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: October 3, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Help Messages

It is necessary to amend the documentation in Section 7 of the Placement Module and change the wording to one help message on the screen. After focussed testing (SER #'s 1773 and 1809), it was noted that the following help messages need to be adjusted:

- 26. On page 48 of the documentation and on the screen, the words "Insurance/MA" must be changed to "Medical/Psychiatric Hospital".
- 27. On page 49, the references to "FIA - Select if FIA", "Private Agency – Select if private agency" and "Tribal Agency – Select if tribal agency" must be deleted.
- 28. On page 51, the reference to "Cancel (button) – Select to go back without saving changes" must be deleted.

Please let me know if you need additional information.

cc: Carol Kraklan
Phil Rock/Jeanne Beckley
Sue Doby
Beth Dean

5.2.39 Addendum 12

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: November 22, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 12

It is necessary to amend the Placement Module Documentation Memos of November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000, April 14, 2000, May 11, 2000, June 15 and 22, 2000 and August 31, 2000. After focussed testing (SER #'s 770, 929, 971, 1001, 1306, 1497, 1505, 1516, 1608, 1869, 2157, 2479 and 2487) and discussion with development staff, it was noted that the following clarifications are needed:

1. PL-1.4.1.3 must be deleted. It is now handled by the Payment Module.
2. PL-1.5.1.1 must be modified to state: "...a list of members **age 18 16**"
3. Add a new requirement: If there is no service code for the current converted placement, the service code must be selected in placement.
4. If there is no service code for a placement that has ended, the service code must be selected in placement, and the user must be in corrections mode.
5. Add a new requirement: If the wrong service code was selected in provider, it must be changed in placement.
6. Add a new requirement: If neither of the above conditions (#4 and #5) are true, the service code must be display only.
7. Add a new requirement: Placements for an active case can only be deleted if the user is in corrections mode.
8. Add a new requirement: Provider eligibility code must be 61, 64 or 66 if the living arrangement is 09.
9. Add a new requirement: Provider eligibility code must be 61 if the living arrangement is a licensed relative (02), 05, 24 or 27.
10. Add a new requirement: Provider eligibility code must be 60 if the living arrangement is an unlicensed relative (02) or 23.

11. Add a new requirement: Provider eligibility code must be 02 if the living arrangement is an Adult Foster Home (19).
12. Add a new requirement: Provider eligibility code must be 45 if the living arrangement is 16 or 19.
13. Add a new requirement: If the provider has an address other than Michigan, the living arrangement must be 22-27.

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November 22, 2000
Page -2-

14. Attached is a chart of Valid Living Arrangement, Service Code and FIA\CPA Supervision combinations. It should be incorporated as an edit table.
15. Please shorten the funding source '01 Own/Adoptive Family' to '01 Own/Adopt. Family' in order to have it fit in the drop down box.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean

5.2.40 Addendum 13

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: December 5, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 13

It is necessary to amend the Placement Module Documentation Memos of November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000, April 14, 2000, May 11, 2000, June 15 and 22, 2000, August 31, 2000 and November 22, 2000. After focussed testing (SER # 2636) and discussion with development staff, it was noted that the following clarification is needed:

1. Add a sub-requirement to both PL-2.17 and PL-2.18 If this is a converted, registered case, this edit does not apply. The user must be able to open and then close a 'over-age' converted case.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean

5.2.41 Addendum 14

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: January 9, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 14

It is necessary to amend the Placement Module Documentation Memos of November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000, April 14, 2000, May 11, 2000, June 15 and 22, 2000, August 31, 2000, November 22, 2000 and December 5, 2000.

After focussed testing (SER #'s 2152, 2934, and 3015) and discussion with development staff, it was noted that the following clarifications are needed:

1. The following series of edits are needed:
 - a. Funding source 2 (Title IVE) cannot be effective before the earliest acceptance date for the current opening. This acceptance date is located in the Child Data section.
 - b. Funding source 4 (State Ward Board and Care) cannot be effective before the commitment acceptance date. This acceptance date is located in the Legal Section.
 - c. The funding source effective date cannot be in the future.
2. If the youth is age 19 years or older, funding source 2 (Title IVE) cannot be used.
3. Add a new requirement: If the user is forced to Placement from the Legal Section, s/he must complete the Placement Module so that the fund source record can be updated.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean

5.2.42 Addendum 15

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: April 4, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 15

It is necessary to amend the Placement Module Documentation Memos of November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000, April 14, 2000, May 11, 2000, June 15 and 22, 2000, August 31, 2000, November 22, 2000, December 5, 2000 and January 9, 2001.

After the Kalamazoo pilot (SER #3621) and discussion with development staff, it was noted that the following clarifications are needed:

1. Add a new requirement: If the user was forced to placement from the funding section due to administrative hearing request/resolution, the following must be done:
2. Add a sub-requirement (to #1 above): The funding source end date must be set at 90 days after the Administrative Hearing request date.
3. Add a sub-requirement (to #1 above): If the resolution of the hearing is the FIA decision was upheld, the Funding Section will send the user to Placement to end the Title IVE fund source effective with the date of resolution.
4. Add a sub-requirement (to #3 above): After changing the fund source end date, the user is to be taken to Payment to terminate the payment authorization.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean
Vicki Weller

5.2.43 Addendum 16

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: April 11, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Placement Module Documentation - Addendum 16

It is necessary to amend the Placement Module Documentation Memos of November 15 and 22, 1999, December 6 and 9, 1999, January 5 and 13, 2000, March 14, 2000, April 14, 2000, May 11, 2000, June 15 and 22, 2000, August 31, 2000, November 22, 2000, December 5, 2000, January 9, 2001 and April 4, 2001.

After the Kalamazoo pilot (SER #3660) and discussion with development staff, it was noted that the following clarifications are needed:

5. Add a new requirement: Do not display or print the supplemental address for MPS provider type 61 (living arrangements 2 or 5).

The County of Wayne, Department of Criminal Justice (WDCJ), and FIA have reached an agreement on the management of Wayne County Juvenile Justice cases. Under this agreement, the County of Wayne will provide all case management services even though there is an Act 150 commitment order to the FIA. Funding of these services and related placements will be by the County of Wayne through its Child Care Fund. In order to correctly reflect this arrangement in SWSS and prevent payment through MPS, the following changes are needed before Wayne County is implemented:

6. Add a third selection to the Supervising Agency area on the Type of Provider Panel to identify WDCJ.
7. This selection is only to appear if the County Code is 82 and the Target Group is 46 or 52.
8. If WDCJ is selected as the Supervising Agency, do not permit access to the Payment Section.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean

~~Vicki Waller~~

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager
Services Area
ITMS

Date: September 20, 2004

From: Mary Ann Jensen, Consultant
SWSS FAJ Policy
Children's Services

Subject: Placement Module Documentation Changes for CWCMS- Addendum
1

It is necessary to amend the Placement Module Documentation Changes memo dated May 29, 2002. The following requirements must be modified, eliminated or added:

1. PL-1.11 through PL-1.11.24.4 must be rewritten as follows:
2. PL-1.11 Narrative Tabs
3. PL-1.11.1 Placement Information Tab
4. PL-1.11.1.1 The following must be addressed:
5. PL-1.11.1.1.1 Describe the foster parent/kinship caregiver's willingness and capacity to meet the specified needs on ths child, and
6. PL-1.11.1.1.2 Why the current placement is in the child's best interests.
7. PL-1.11.1.2 There must be an Enter/Update narrative button that, when selected, will pop-up a screen to enter narrative.
8. PL-1.11.1.3 Anticipated next placement type (pick list)
9. PL-1.11.1.4 Anticipated next placement date.
10. PL-1.11.2 Placement Selection Criteria Tab
11. PL-1.11.2.1 Mechanism to rank the following and to indicate if the criteria for each was met; if not met, mechanism to gather narrative regarding the reason why.
12. PL-1.11.2.1.1 The case plan which includes the goal of permanence.
13. PL-1.11.2.1.2 The physical, emotional, educational and safety needs of the child(ren).
14. PL-1.11.2.1.3 Proximity to the child(ren)'s family.
15. PL-1.11.2.1.4 Placement within kinship family network of the child(ren).
16. PL-1.11.2.1.5 Placement with siblings of the child(ren).
17. PL-1.11.2.1.6 The child(ren)'s and child(ren)'s family's religious preference.
18. PL-1.11.2.1.7 The least restrictive, i.e., most family like setting.

- 19. PL-1.11.2.1.8 The continuity of relationships.
- 20. PL-1.11.2.1.9 Availability of placement resources for the purposes of timely placements.
- 21. PL-1.11.2.1.10 Expressed preferences for placement by the foster child.
- 22. PL-1.11.3 Discipline/Supervision Tab
- 23. PL-1.11.3.1 The following must be addressed:

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- 24. PL-1.11.3.1.1 Describe the discipline and child handling techniques to be used while the child is in placement.
- 25. PL-1.11.3.1.2 Describe the plan of supervision for the child while in placement.
- 26. PL-1.11.3.1.3 Describe the plan for acceptable activities for the child such as babysitting, routine household tasks, privileges, etc.
- 27. PL-1.11.3.1.4 If the youth is age 14 or older, detail the independent living preparation activities the foster parent/kinship caregiver will provide to assist the youth.
- 28. PL-1.11.3.2 There must be an Enter/Update narrative button that, when selected, will pop-up a screen to enter narrative.
- 29. PL-1.11.4 Replacement Information Tab
- 30. PL-1.11.4.1 Briefly identify the reason for replacement or termination from family foster care.
- 31. PL-1.11.5 Replacement Preparation Tab
- 32. PL-1.11.5.1 Briefly identify child's physical and emotional state at time of placement.
- 33. PL-1.11.5.2 Briefly identify how the child and foster parent were prepared for the move.
- 34. PL-1.11.5.3 Briefly describe current medicine and/or special medical instructions given to the foster parent/kinship caregiver at the time of placement.
- 35. PL-1.11.6 Replacement Reasons Tab
- 36. PL-1.11.6.1 Foster care continues to be appropriate for the following reasons (check as many as apply)
 - 37. PL-1.11.6.1.1 Children remain at risk if returned to the parental home.
 - 38. PL-1.11.6.1.2 No interested relative for placement.
 - 39. PL-1.11.6.1.3 No appropriate relative placements.
 - 40. PL-1.11.6.1.4 Juvenile Justice treatment goals have not been completed.
 - 41. PL-1.11.6.1.5 Juvenile Justice Court Order.
 - 42. PL-1.11.6.1.6 Juvenile Justice behavior problems.
- 43. PL-1.11.6.2 Reason for replacement or termination from family foster care (check as many as apply):
 - 44. PL-1.11.6.2.1 Behavioral problems.
 - 45. PL-1.11.6.2.2 Emergency or temp. placement.
 - 46. PL-1.11.6.2.3 Placement with kinship caregiver.
 - 47. PL-1.11.6.2.4 Residential placement.
 - 48. PL-1.11.6.2.5 Return home.

- 49. PL-1.11.6.2.6 Problems in foster family.
- 50. PL-1.11.6.2.7 Independent living.
- 51. PL-1.11.6.2.8 AWOL
- 52. PL-1.11.6.2.9 Foster Parent request
- 53. PL-1.11.6.2.10 Abuse or neglect by Foster Family
- 54. PL-1.11.6.2.11 Other (specify)
- 55. PL-1.11.6.2.11.1 Mechanism to enter other reason
- 56. PL-1.11.6.3 Was termination from family foster care explained to all parties (Yes/No)
- 57. PL-1.11.6.3.1 If no, mechanism to enter reason why not.
- 58. PL-1.11.6.4 If termination is unplanned, summarize the reasons and circumstances surrounding the termination.
- 59. PL-1.11.7 Information Shared with Caregiver Tab

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- 60. PL-1.11.7.1 Information related to the care and supervision of the child or termination was shared with (check as many as apply)
- 61. PL-1.11.7.1.1 Mother, Father, New Caregiver, FIA/Referring Worker, Kinship Family Members
- 62. PL-1.11.7.1.2 Date shared
- 63. PL-1.11.7.1.3 How the information was shared: letter, face to face, or telephone
- 64. PL-1.11.7.2 Information shared with new care giver(s) includes (check as many as apply):
- 65. PL-1.11.7.2.1 Assigned worker
- 66. PL-1.11.7.2.2 Reason(s) child removed
- 67. PL-1.11.7.2.3 Case Plan
- 68. PL-1.11.7.2.4 Description of behavioral characteristics and needs
- 69. PL-1.11.7.2.5 Medical/Dental/Psychological needs and/or files
- 70. PL-1.11.7.2.6 Interaction with parents/siblings
- 71. PL-1.11.7.2.7 School records Behavior management
- 72. PL-1.11.7.2.8 Visitation expectations
- 73. PL-1.11.7.2.9 Consent to treatment card
- 74. PL-1.11.7.2.10 School enrollment form
- 75. PL-1.11.7.2.11 Abuse/Neglect history
- 76. PL-1.11.7.2.12 Offense History
- 77. PL-1.11.7.3 Was Supervisory approval obtained prior to the replacement? Yes/No
- 78. PL-1.11.7.4 Was the FIA-30 given to the current caregiver? Yes/No
- 79. PL-1.11.7.4.1 If yes, date provided: MMDDYYYY
- 80. PL-1.11.8 DOC Justification Tab
- 81. PL-1.11.8.1 If the foster parents are receiving a Determination of Care Supplement, describe the activities that justify this supplement.
- 82. PL-1.11.9 Residential Care Tab
- 83. PL-1.11.9.1 The following must be addressed for the child in residential care:

- 84. PL-1.11.9.1.1 Describe reasons for residential care.
 - 85. PL-1.11.9.1.2 Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
 - 86. PL-1.11.9.1.3 If the youth is 10 years of age or over and is placed in a residential or institutional setting, the worker should document if Wraparound or Assisted Care efforts were made to prevent the custodial placement.
 - 87. PL-1.11.9.1.4 If the youth under age 10 is placed in a residential or institutional setting, the worker **must** document the Wraparound or Assisted Care efforts made to prevent the custodial placement.
 - 88. PL-1.11.9.1.5 If no services provided, explain why not.
 - 89. PL-1.11.9.2 There must be an Enter/Update narrative button that, when selected, will pop-up a screen to enter narrative.
 - 90. PL-1.11.10 Caregiver Feedback Tab
 - 91. PL-1.11.10.1 If a written statement from the foster parent/kinship caregiver is not available, summarize the foster parent/kinship caregiver feedback.
 - 92. PL-1.11.11 There must be a mechanism to generate/print the following forms/reports
 - 93. PL-1-11.11.1 Permanent Foster Family Agreement
 - 94. PL-1.11.11.1.1 Mechanism to display the date the Agreement was completed.
 - 95. PL-1.11.11.2 Notice of Replacement
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- 96. PL-1.11.11.3 Notice of Termination from Family Foster Home Placement
- 97. PL-1.11.11.4 Determination of Care Justification
- 98. PL-2.34.1.2 must be deleted
- 99. PL-2.34.1.3 must be modified to state: “Was termination **from family foster care** explained...”
- 100. PL-4.60.4.5 must be deleted
- 101. PL-4.60.4.6 must be modified to state: “Was termination **from family foster care** explained...”
- 102. PL-5.3 must be added: FIA-69b Notice of Child Replacement
- 103. PL-5.3.1 must be added: Case Identification box in upper right containing: Case Number, Log Number, Case Name, Worker Load Number and Worker Name.
- 104. PL-5.3.2 must be added: Previous Caretaker(s) Name and Address, Telephone, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency
- 105. PL-5.3.3 must be added: Effective Date of Move
- 106. PL-5.3.4 must be added: New Caretaker(s) Name and Address, Telephone, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency
- 107. PL-5.3.5 must be added: Foster Care continues to be appropriate for the following reason(s)
- 108. PL-5.3.6 must be added: Reason(s) for Replacement
- 109. PL-5.3.7 must be added: Replacement Preparation
- 110. PL-5.3.8 must be added: Information related to care and supervision shared with

- 111. PL-5.3.9 must be added: Listing of Information shared
 - 112. PL-5.3.10 must be added: Prefill Worker's Name and Date
 - 113. PL-5.3.11 must be added: Prefill Supervisor's Name and Date
 - 114. PL-5.4 must be added: FIA-69c Notice of Termination from Family Foster Care Placement
 - 115. PL-5.4.1 must be added: Case Identification box in upper right containing: Case Number, Log Number, Case Name, Worker Load Number and Worker Name.
 - 116. PL-5.4.2 must be added: Previous Caretaker(s) Name and Address, Telephone, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency
 - 117. PL-5.4.3 must be added: Effective Date of Move
 - 118. PL-5.4.4 must be added: New Caretaker(s) Name and Address, Telephone, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency
 - 119. PL-5.4.5 must be added: Foster Care continues to be appropriate for the following reason(s)
 - 120. PL-5.4.6 must be added: Reason(s) for Termination
 - 121. PL-5.4.7 must be added: Termination Preparation
 - 122. PL-5.4.8 must be added: Information related to care and supervision shared with
 - 123. PL-5.4.9 must be added: Listing of Information shared
 - 124. PL-5.4.10 must be added: Summarize services that were provided during care
 - 125. PL-5.4.10.1 Obtained from Parent/Agency Treatment Plan – Services for this specific child that have been completed
 - 126. PL-5.4.11 must be added: Summarize services currently being provided
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- 127. PL-5.4.11.1 must be added: Obtained from Parent/Agency Treatment Plan – Services for this specific child that have not been completed
- 128. PL-5.4.12 must be added: List services and needs still to be met
- 129. PL-5.4.12.1 must be added: Obtained from Parent/Agency Treatment Plan – Services for this specific child that have not been started or are not available
- 130. PL-5.4.13 must be added: Was medical information given to parents or next placement: Yes/No
- 131. PL-5.4.14 must be added: Was termination explained to all parties: Yes/No
- 132. PL-5.4.15 must be added: If termination is unplanned, summarize the reasons and circumstances surrounding the termination.
- 133. PL-5.4.16 must be added: Prefill Worker's Name and Date
- 134. PL-5.4.17 must be added: Prefill Supervisor's Name and Date
- 135. PL-5.5 must be added: Determination of Care Justification
- 136. PL-5.5.1 must be added: If the foster parents are receiving a Determination of Care Supplement, the following is a description of the activities that justify this supplement.
- 137. Add a new PL-6.1: The following help definition must be added for the Placement Information Tab

- 138. PL-6.1.1 The following must be addressed:
- 139. PL-6.1.1.1 Describe the foster parent/kinship caregiver's willingness and capacity to meet the specified needs on this child, and
- 140. PL-6.1.1.2 Why the current placement is in the child's best interests.
- 141. Add a new PL-6.2: The following help definition must be added for the Discipline/Supervision Tab
- 142. PL-6.2.1 The following must be addressed:
- 143. PL-6.2.1.1 Describe the discipline and child handling techniques to be used while the child is in placement.
- 144. PL-6.2.1.2 Describe the plan of supervision for the child while in placement.
- 145. PL-6.2.1.3 Describe the plan for acceptable activities for the child such as babysitting, routine household tasks, privileges, etc.
- 146. PL-6.2.1.4 If the youth is age 14 or older, detail the independent living preparation activities the foster parent/kinship caregiver will provide to assist the youth.
- 147. Add a new PL-6.3: The following help definition must be added for the Residential Care Tab
- 148. PL-6.3.1 The following must be addressed for the child in residential care:
- 149. PL-6.3.1.1 Describe reasons for residential care.
- 150. PL-6.3.1.2 Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- 151. PL-6.3.1.3 If the youth is 10 years of age or over and is placed in a residential or institutional setting, the worker should document if Wraparound or Assisted Care efforts were made to prevent the custodial placement.
- 152. PL-6.3.1.4 If the youth under age 10 is placed in a residential or institutional setting, the worker **must** document the Wraparound or Assisted Care efforts made to prevent the custodial placement.
- 153. PL-6.3.1.5 If no services provided, explain why not.

Thank you for your cooperation.

cc: Mary Somma
Patty Whitlock
Vicki Weller

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager
Services Area
ITMS

Date: September 20, 2004

From: Mary Ann Jensen, Consultant
SWSS FAJ Policy
Children's Services

Subject: Placement Module Documentation Changes for CWCMS- Addendum
1

It is necessary to amend the Placement Module Documentation Changes memo dated May 29, 2002. The following requirements must be modified, eliminated or added:

- 154. PL-1.11 through PL-1.11.24.4 must be rewritten as follows:
- 155. PL-1.11 Narrative Tabs
- 156. PL-1.11.1 Placement Information Tab
- 157. PL-1.11.1.1 The following must be addressed:
- 158. PL-1.11.1.1.1 Describe the foster parent/kinship caregiver's willingness and capacity to meet the specified needs on this child, and
- 159. PL-1.11.1.1.2 Why the current placement is in the child's best interests.
- 160. PL-1.11.1.2 There must be an Enter/Update narrative button that, when selected, will pop-up a screen to enter narrative.
- 161. PL-1.11.1.3 Anticipated next placement type (pick list)
- 162. PL-1.11.1.4 Anticipated next placement date.
- 163. PL-1.11.2 Placement Selection Criteria Tab
- 164. PL-1.11.2.1 Mechanism to rank the following and to indicate if the criteria for each was met; if not met, mechanism to gather narrative regarding the reason why.
- 165. PL-1.11.2.1.1 The case plan which includes the goal of permanence.
- 166. PL-1.11.2.1.2 The physical, emotional, educational and safety needs of the child(ren).
- 167. PL-1.11.2.1.3 Proximity to the child(ren)'s family.
- 168. PL-1.11.2.1.4 Placement within kinship family network of the child(ren).
- 169. PL-1.11.2.1.5 Placement with siblings of the child(ren).
- 170. PL-1.11.2.1.6 The child(ren)'s and child(ren)'s family's religious preference.
- 171. PL-1.11.2.1.7 The least restrictive, i.e., most family like setting.

- 172. PL-1.11.2.1.8 The continuity of relationships.
- 173. PL-1.11.2.1.9 Availability of placement resources for the purposes of timely placements.
- 174. PL-1.11.2.1.10 Expressed preferences for placement by the foster child.
- 175. PL-1.11.3 Discipline/Supervision Tab
- 176. PL-1.11.3.1 The following must be addressed:

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- 177. PL-1.11.3.1.1 Describe the discipline and child handling techniques to be used while the child is in placement.
- 178. PL-1.11.3.1.2 Describe the plan of supervision for the child while in placement.
- 179. PL-1.11.3.1.3 Describe the plan for acceptable activities for the child such as babysitting, routine household tasks, privileges, etc.
- 180. PL-1.11.3.1.4 If the youth is age 14 or older, detail the independent living preparation activities the foster parent/kinship caregiver will provide to assist the youth.
- 181. PL-1.11.3.2 There must be an Enter/Update narrative button that, when selected, will pop-up a screen to enter narrative.
- 182. PL-1.11.4 Replacement Information Tab
- 183. PL-1.11.4.1 Briefly identify the reason for replacement or termination from family foster care.
- 184. PL-1.11.5 Replacement Preparation Tab
- 185. PL-1.11.5.1 Briefly identify child's physical and emotional state at time of placement.
- 186. PL-1.11.5.2 Briefly identify how the child and foster parent were prepared for the move.
- 187. PL-1.11.5.3 Briefly describe current medicine and/or special medical instructions given to the foster parent/kinship caregiver at the time of placement.
- 188. PL-1.11.6 Replacement Reasons Tab
- 189. PL-1.11.6.1 Foster care continues to be appropriate for the following reasons (check as many as apply)
- 190. PL-1.11.6.1.1 Children remain at risk if returned to the parental home.
- 191. PL-1.11.6.1.2 No interested relative for placement.
- 192. PL-1.11.6.1.3 No appropriate relative placements.
- 193. PL-1.11.6.1.4 Juvenile Justice treatment goals have not been completed.
- 194. PL-1.11.6.1.5 Juvenile Justice Court Order.
- 195. PL-1.11.6.1.6 Juvenile Justice behavior problems.
- 196. PL-1.11.6.2 Reason for replacement or termination from family foster care (check as many as apply):
- 197. PL-1.11.6.2.1 Behavioral problems.
- 198. PL-1.11.6.2.2 Emergency or temp. placement.
- 199. PL-1.11.6.2.3 Placement with kinship caregiver.
- 200. PL-1.11.6.2.4 Residential placement.

- 201. PL-1.11.6.2.5 Return home.
- 202. PL-1.11.6.2.6 Problems in foster family.
- 203. PL-1.11.6.2.7 Independent living.
- 204. PL-1.11.6.2.8 AWOL
- 205. PL-1.11.6.2.9 Foster Parent request
- 206. PL-1.11.6.2.10 Abuse or neglect by Foster Family
- 207. PL-1.11.6.2.11 Other (specify)
- 208. PL-1.11.6.2.11.1 Mechanism to enter other reason
- 209. PL-1.11.6.3 Was termination from family foster care explained to all parties (Yes/No)
- 210. PL-1.11.6.3.1 If no, mechanism to enter reason why not.
- 211. PL-1.11.6.4 If termination is unplanned, summarize the reasons and circumstances surrounding the termination.
- 212. PL-1.11.7 Information Shared with Caregiver Tab

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- 213. PL-1.11.7.1 Information related to the care and supervision of the child or termination was shared with (check as many as apply)
- 214. PL-1.11.7.1.1 Mother, Father, New Caregiver, FIA/Referring Worker, Kinship Family Members
- 215. PL-1.11.7.1.2 Date shared
- 216. PL-1.11.7.1.3 How the information was shared: letter, face to face, or telephone
- 217. PL-1.11.7.2 Information shared with new care giver(s) includes (check as many as apply):
- 218. PL-1.11.7.2.1 Assigned worker
- 219. PL-1.11.7.2.2 Reason(s) child removed
- 220. PL-1.11.7.2.3 Case Plan
- 221. PL-1.11.7.2.4 Description of behavioral characteristics and needs
- 222. PL-1.11.7.2.5 Medical/Dental/Psychological needs and/or files
- 223. PL-1.11.7.2.6 Interaction with parents/siblings
- 224. PL-1.11.7.2.7 School records Behavior management
- 225. PL-1.11.7.2.8 Visitation expectations
- 226. PL-1.11.7.2.9 Consent to treatment card
- 227. PL-1.11.7.2.10 School enrollment form
- 228. PL-1.11.7.2.11 Abuse/Neglect history
- 229. PL-1.11.7.2.12 Offense History
- 230. PL-1.11.7.3 Was Supervisory approval obtained prior to the replacement? Yes/No
- 231. PL-1.11.7.4 Was the FIA-30 given to the current caregiver? Yes/No
- 232. PL-1.11.7.4.1 If yes, date provided: MMDDYYYY
- 233. PL-1.11.8 DOC Justification Tab
- 234. PL-1.11.8.1 If the foster parents are receiving a Determination of Care Supplement, describe the activities that justify this supplement.

- 235. PL-1.11.9 Residential Care Tab
- 236. PL-1.11.9.1 The following must be addressed for the child in residential care:
- 237. PL-1.11.9.1.1 Describe reasons for residential care.
- 238. PL-1.11.9.1.2 Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- 239. PL-1.11.9.1.3 If the youth is 10 years of age or over and is placed in a residential or institutional setting, the worker should document if Wraparound or Assisted Care efforts were made to prevent the custodial placement.
- 240. PL-1.11.9.1.4 If the youth under age 10 is placed in a residential or institutional setting, the worker **must** document the Wraparound or Assisted Care efforts made to prevent the custodial placement.
- 241. PL-1.11.9.1.5 If no services provided, explain why not.
- 242. PL-1.11.9.2 There must be an Enter/Update narrative button that, when selected, will pop-up a screen to enter narrative.
- 243. PL-1.11.10 Caregiver Feedback Tab
- 244. PL-1.11.10.1 If a written statement from the foster parent/kinship caregiver is not available, summarize the foster parent/kinship caregiver feedback.
- 245. PL-1.11.11 There must be a mechanism to generate/print the following forms/reports
- 246. PL-1.11.11.1 Permanent Foster Family Agreement
- 247. PL-1.11.11.1.1 Mechanism to display the date the Agreement was completed.
- 248. PL-1.11.11.2 Notice of Replacement

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- 249. PL-1.11.11.3 Notice of Termination from Family Foster Home Placement
- 250. PL-1.11.11.4 Determination of Care Justification
- 251. PL-2.34.1.2 must be deleted
- 252. PL-2.34.1.3 must be modified to state: “Was termination **from family foster care** explained...”
- 253. PL-4.60.4.5 must be deleted
- 254. PL-4.60.4.6 must be modified to state: “Was termination **from family foster care** explained...”
- 255. PL-5.3 must be added: FIA-69b Notice of Child Replacement
- 256. PL-5.3.1 must be added: Case Identification box in upper right containing: Case Number, Log Number, Case Name, Worker Load Number and Worker Name.
- 257. PL-5.3.2 must be added: Previous Caretaker(s) Name and Address, Telephone, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency
- 258. PL-5.3.3 must be added: Effective Date of Move
- 259. PL-5.3.4 must be added: New Caretaker(s) Name and Address, Telephone, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency
- 260. PL-5.3.5 must be added: Foster Care continues to be appropriate for the following reason(s)

- 261. PL-5.3.6 must be added: Reason(s) for Replacement
- 262. PL-5.3.7 must be added: Replacement Preparation
- 263. PL-5.3.8 must be added: Information related to care and supervision shared with
- 264. PL-5.3.9 must be added: Listing of Information shared
- 265. PL-5.3.10 must be added: Prefill Worker's Name and Date
- 266. PL-5.3.11 must be added: Prefill Supervisor's Name and Date
- 267. PL-5.4 must be added: FIA-69c Notice of Termination from Family Foster Care Placement
- 268. PL-5.4.1 must be added: Case Identification box in upper right containing: Case Number, Log Number, Case Name, Worker Load Number and Worker Name.
- 269. PL-5.4.2 must be added: Previous Caretaker(s) Name and Address, Telephone, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency
- 270. PL-5.4.3 must be added: Effective Date of Move
- 271. PL-5.4.4 must be added: New Caretaker(s) Name and Address, Telephone, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency
- 272. PL-5.4.5 must be added: Foster Care continues to be appropriate for the following reason(s)
- 273. PL-5.4.6 must be added: Reason(s) for Termination
- 274. PL-5.4.7 must be added: Termination Preparation
- 275. PL-5.4.8 must be added: Information related to care and supervision shared with
- 276. PL-5.4.9 must be added: Listing of Information shared
- 277. PL-5.4.10 must be added: Summarize services that were provided during care
- 278. PL-5.4.10.1 Obtained from Parent/Agency Treatment Plan – Services for this specific child that have been completed
- 279. PL-5.4.11 must be added: Summarize services currently being provided

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- 280. PL-5.4.11.1 must be added: Obtained from Parent/Agency Treatment Plan – Services for this specific child that have not been completed
- 281. PL-5.4.12 must be added: List services and needs still to be met
- 282. PL-5.4.12.1 must be added: Obtained from Parent/Agency Treatment Plan – Services for this specific child that have not been started or are not available
- 283. PL-5.4.13 must be added: Was medical information given to parents or next placement: Yes/No
- 284. PL-5.4.14 must be added: Was termination explained to all parties: Yes/No
- 285. PL-5.4.15 must be added: If termination is unplanned, summarize the reasons and circumstances surrounding the termination.
- 286. PL-5.4.16 must be added: Prefill Worker's Name and Date
- 287. PL-5.4.17 must be added: Prefill Supervisor's Name and Date
- 288. PL-5.5 must be added: Determination of Care Justification

289. PL-5.5.1 must be added: If the foster parents are receiving a Determination of Care Supplement, the following is a description of the activities that justify this supplement.
290. Add a new PL-6.1: The following help definition must be added for the Placement Information Tab
291. PL-6.1.1 The following must be addressed:
292. PL-6.1.1.1 Describe the foster parent/kinship caregiver's willingness and capacity to meet the specified needs on this child, and
293. PL-6.1.1.2 Why the current placement is in the child's best interests.
294. Add a new PL-6.2: The following help definition must be added for the Discipline/Supervision Tab
295. PL-6.2.1 The following must be addressed:
296. PL-6.2.1.1 Describe the discipline and child handling techniques to be used while the child is in placement.
297. PL-6.2.1.2 Describe the plan of supervision for the child while in placement.
298. PL-6.2.1.3 Describe the plan for acceptable activities for the child such as babysitting, routine household tasks, privileges, etc.
299. PL-6.2.1.4 If the youth is age 14 or older, detail the independent living preparation activities the foster parent/kinship caregiver will provide to assist the youth.
300. Add a new PL-6.3: The following help definition must be added on the Residential Care Tab
301. PL-6.3.1 The following must be addressed for the child in residential care:
302. PL-6.3.1.1 Describe reasons for residential care.
303. PL-6.3.1.2 Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
304. PL-6.3.1.3 If the youth is 10 years of age or over and is placed in a residential or institutional setting, the worker should document if Wraparound or Assisted Care efforts were made to prevent the custodial placement.
305. PL-6.3.1.4 If the youth under age 10 is placed in a residential or institutional setting, the worker **must** document the Wraparound or Assisted Care efforts made to prevent the custodial placement.
306. PL-6.3.1.5 If no services provided, explain why not.

Thank you for your cooperation.

cc: Mary Somma
Patty Whitlock
Vicki Weller

STATE OF MICHIGAN
**Department of
Human
Services**

Memo

Tel:
Fax:

To: Daniel Klodt, Manager
Services Area, DIT

Date: 4/26/2005

From: Mary Ann Jensen, Consultant
SWSS FAJ Policy
Children's Services

Subject: Placement Module Documentation Changes for CWCMS- Addendum 3
It is necessary to amend the Placement Module Documentation Changes memos dated May 29, 2002, September 20, 2004 and April 11, 2005. The following requirements must be added:

1. Add a sub-requirement to the "List the Placement Selection Criteria" requirement added by Addendum 2, item #1: If any Placement Selection Criteria are not met, explain why not. (Obtained from Placement Selection Criteria tab)
2. Add a sub-requirement to PL-5.4.10.1: The information to be included is : Need, Service Type, Start Date, End Date, Service Status and Service Evaluation.
3. Add a sub-requirement to PL-5.4.11.1: The information to be included is : Need, Service Type, Start Date, Service Status and Service Evaluation.
4. Add a sub-requirement to PL-5.4.12.1: The information to be included is : Need, Service Type and Service Status.
5. Add a new requirement between PL-5.4.6 and PL-5.4.7: Briefly identify the reason for termination from family foster care.
6. PL-1.6.8 must be modified to state: Mechanism to ~~generate the FIA-69~~
~~Foster Care Structured Secision Making, Foster Care Action Summary~~
access the reports screen to generate the DHS-69b, Notice of Child Replacement, or the DHS-69c, Notice of Termination from Family Foster Care Placement.
7. Add a sub-requirement to PL-1.11.1: PL-1.11.1.5 If the placement is changing and there is information from the previous placement, prefill with that narrative and allow changes.
8. Add a sub-requirement to PL-1.11.3: PL-1.11.3.2.1 If the placement is changing and there is information from the previous placement, prefill with that narrative and allow changes.

9. Add a sub-requirement to PL-1.11.4: PL-1.11.4.2 If the placement is changing and there is information from the previous placement, prefill with that narrative and allow changes.
10. Add a sub-requirement to PL-1.11.8: PL-1.11.8.2 If the placement is changing and there is information from the previous placement, prefill with that narrative and allow changes.
11. Add a sub-requirement to PL-1.11.9: PL-1.11.9.1.6 If the placement is changing and there is information from the previous placement, prefill with that narrative and allow changes.
12. Add a sub-requirement to PL-1.11.10: PL-1.11.10.2 If the placement is changing and there is information from the previous placement, prefill with that narrative and allow changes.
13. PL-2.32 must be modified to state: The DHS-69**b** must be printed if going from one FH to another FH. The DHS-69**c** must be printed if going from FH to own home or from FH to relative.
14. PL-4.3 must be modified to state: “..... to complete an DHS-69**b** (child replacement) or DHS-69**c** (termination from foster care).
15. PL-4.3.2 through PL-4.3.2.1.1 must be deleted.
16. PL-4.53 must be modified to state: “.... to complete the foster parent copy of ~~the 5 day packet~~ **the Placement Outline** and ...”
17. Add a sub-requirement to PL-4.60.4.7: PL-4.60-4.7.4 Allow reprint of reports from previous placements.

Thank you for your cooperation.

cc: Mary Somma
Patty Whitlock
Vicki Weller

STATE OF MICHIGAN
**Department of
Human
Services**

Memo

Tel:
Fax:

To: Daniel Klodt, Manager
Services Area, DIT

Date: 12/28/05

From: Mary Ann Jensen, Consultant
SWSS FAJ Policy
Children's Services

Subject: Placement Module Documentation Changes for CWCMS- Addendum 4
It is necessary to amend the Placement Module Documentation Changes memos dated May 29, 2002, September 20, 2004 and April 11 and 26, 2005. The following requirements must be added or modified:

18. PL-1.11.7.4 must be modified to state: Was the ~~FIA-30~~ **Relative Caregiver pamphlet** given to the ~~current caregiver~~ **relative**? Yes/No/NA
19. Add a sub-requirement to PL-1.11.7.4: PL-1.11.7.4.2 Pre-select NA if the new placement is not with a relative (LA 02 or 23).
20. Add a sub-requirement to PL-1.11.7.4: PL-1.11.7.4.3 Display a message "Please enter the date that the Relative Caregiver Pamphlet was given to the relatives" when the question is answered 'yes' and no date was entered.
21. Add a sub-requirement to PL-1.11.7.4: PL-1.11.7.4.3.1 This message is to appear only when a placement in LA 02 or 23 is being added. It is not to appear for previous placements or when the current placement is being reviewed/updated.
22. Add a sub-requirement to PL-4.3: PL-4.3.2 This message is not to appear if the placement is being supervised by an private child placing agency.
23. Add a sub-requirement to PL-4.3: PL-4.3.2 This message is to appear only when adding a new placement. It is not to appear when previous placements are being reviewed or when the current placement is being reviewed/updated.
24. PL-1.11.4.1 must be modified to state: "... from family foster care. **Include a summary of services provided to the child and any continuing need for services.**"
25. Add a new requirement (I couldn't find the reference to be able to provide a requirement number. Note message wording change.): The message "Please indicate ~~whether~~ **if** supervisory approval was obtained." is to appear only when adding a new placement. It is not to appear when previous

placements are being reviewed or when the current placement is being reviewed/updated.

- 26. PL-5.3.13.1 must be modified to state: "List the date shared for DHS-30 **the Relative Caregiver pamphlet was given to the relative if appropriate.**"
- 27. PL-1.11.1.1.1 and PL-6.2.1.1 must be modified to change the words "kinship caregiver's" to "relative's".
- 28. PL-1.11.3.1.4, PL-1.11.5.3, PL-1.11.10.1 (twice), and PL-6.3.1.4 must be modified to change the words "kinship caregiver" to "relative".
- 29. PL-1.11.2.1.4 must be modified to state: "Placement ~~within kinship family network~~ **with relatives** of the child(ren)."
- 30. PL-1.11.6.2.3 must be modified to state: "Placement with ~~kinship caregiver~~ **relatives.**"
- 31. PL-1.11.7.1.1 must be modified to state: "... Worker, ~~Kinship Family Members~~ **Relatives.**"

Thank you for your cooperation.

cc: Mary Somma
Patty Whitlock
Vicki Weller

STATE OF MICHIGAN
**Department of
Human
Services**

Memo

Tel:
Fax:

To: Daniel Klodt, Manager
Services Area, DIT

Date: 09/25/06

From: Mary Ann Jensen, Consultant
SWSS FAJ Policy
Children's Services

Subject: Placement Module Documentation Changes for CWCMS- Addendum 5
It is necessary to amend the Placement Module Documentation Changes memos dated May 29, 2002, September 20, 2004, April 11 and 26, 2005 and December 28, 2005. The following requirements must be added or modified:

32. Add a sub-requirement to PL-6.2.1: PL-6.2.1.3 Any changes in the placement household during the review period. If there have been changes and new adults have moved into the placement household, include the results of central registry and criminal records checks. These checks must be completed quarterly as long as these adults reside in the home.
33. There is a message that appears if the living arrangement is 02, 23, or 27 and the relationship of the caretaker to the child is that of a parent or other specified relationships. (I couldn't find the reference to be able to provide a requirement number.) This message must be reworded as follows: **If the living arrangement is 02, 23 or 27, the relationship of the primary caretaker cannot be BP, ST, PP, GU, NR, UN or blank. Either change the living arrangement code or go to the Member section and correct the relationship code. [OK]**
34. There is a message that appears if the living arrangement is 01, or 22 and the relationship of the caretaker to the child is not that of a parent. (I couldn't find the reference to be able to provide a requirement number.) This message must be reworded as follows: **If the living arrangement is 01 or 22, the 'provider' must have a relationship of BP, PP or NR with Legal Parent checked as 'yes'. Either change the living arrangement code or go to the Member section and correct the relationship code. [OK]**
- 35.

Thank you for your cooperation.

SWSS Project
User Requirements
Placement Module

October 27, 1999

cc: Mary Somma
Vicki Weller

12 OUTSTANDING ISSUES

- 12.1 The following items require a decision or some direction from
Policy staff:

1

Attachment A: List of SWSS Module Prefixes